

STELLENBOSCH UNIVERSITY

# Exploring enrolled nursing and midwifery students' opinions on professionalism in their clinical placements

---

**PAULINE MUTABANI**



---

Thesis presented in partial fulfillment of the requirements for the degree Master of Philosophy in Health Professions Education in the Faculty of Medicine and Health Sciences. Stellenbosch University

100

Supervisors: Professor U. Chikte

Co-supervisor: Ms E. Turawa

March 2018

## DECLARATION

---

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third-party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

---

**PAULINE MUTABANI**

---

Date

Copyright © 2018 Stellenbosch University  
All rights reserved

## ABSTRACT

**Introduction:** Professionalism is a contested concept due to dynamic evolutions and variations in use and application. The term remains hard to define despite the extensive research by many social science researchers. Consequently, various professions have different viewpoints on which characteristics constitute professionalism. It is imperative to define professionalism in the science and practice of nursing in order to comprehend its nature and attributes in the profession. The researcher explored with this study the enrolled student nurses' and enrolled midwives' opinions of professionalism as experienced in day-to-day clinical placements.

**Methods:** A quantitative descriptive study was conducted at Windhoek Health Training Centre, a training centre for nurses only. A convenient sample of 199 was drawn from nursing students at different levels of nursing training. Structured self-administered questionnaires were used to measure the presence of professionalism in clinical practice among nursing students. The data was exported into SPSS version 2.0 for statistical analysis according to gender, age, and year of study.

**Results:** The results showed that out of 100 participants, 58 (58%) were females, 33 (33%) were males, and 8 (8%) did not wish to reveal their gender. Among the participants, 29% were first year students, while 36% were in their second year of training and 33% were third year students. The majority, 46 (46%) were aged 18-24, while 37 (37%) were between the ages of 25 and 34. Fourteen (14%) were not willing to disclose their age. According to the participants, professionalism in nursing means positive/proactive professional behaviour and promotion of standard behaviour and attributes of professionalism in nursing. The Cronbach co-efficient for the aspects of personality measured in this study were as follows:

- Feeling valued by the public = 2 (0.42)
- Appropriate behaviours = 7 (4.80)
- Organisational and professional care = 6 (4.60)
- Positive/proactive professional behaviours = 9 (0.86)
- Professional identity and pride = 5 (0.42), and
- Learning process = 3 (0.20).

**Conclusion:** According to the participants' opinions, professionalism in nursing means the organisational and professional care, positive/proactive professional behaviours; and the promotion of appropriate behaviours and attributes of professionalism in nursing.

**KEYWORD:** Enrolled Nurses, Professionalism, Standard, Behaviour.

## OPSOMMING

**Inleiding:** Professionaliteit is 'n betwiste konsep weens dinamiese evolusies en variasies in die gebruik en toepassing daarvan. Ten spyte van uitgebreide navorsing deur baie navorsers in die sosiale wetenskappe, bly dit moeilik om te omskryf. Gevolglik het verskillende beroepe verskillende perspektiewe oor watter kenmerke professionaliteit daarstel. Dit is noodsaaklik om professionaliteit in die wetenskap en praktyk van verpleegkunde studente te omskryf, ten einde die aard en eienskappe daarvan te begryp. Die studie het op die verpleegkundestudente se menings van professionaliteit in alledaagse kliniese plasing gefokus. Dit was daarop gemik om ingeskrewe studenteverpleërs en ingeskrewe vroedvroue se menings oor professionaliteit, soos in dag-tot-dag kliniese plasings ervaar, te verken.

**Metodiek:** 'n Kwantitatiewe beskrywende studie is by Windhoek Gesondheidsopleidingsentrum uitgevoer. 'n Gerieflikeheids steekproef van 199 is uit verpleegkunde studente op verskillende vlakke van verpleegopleidings geneem. Gestruktureerde, self-toegediende vraelyste is gebruik om professionaliteit in kliniese praktyk onder verpleegkundestudente te meet. Die data is op SPSS weergawe 2.0 ingevoer vir statistiese ontleding volgens geslag, ouderdom en studiejaar.

**Resultate:** Uit 100 deelnemers was 58 (58%) vroue, 33 (33%) mans en 8 (8%) wou nie hulle geslag bekend maak nie. Van die deelnemers was 29% eerstejaarstudente, 36% was in hulle tweede jaar van opleiding en 33% was derdejaarstudente. 'n Meerderheid van 46 (46%) was tussen die ouderdom van 18 en 24, terwyl 37 (37%) tussen die ouderdom van 25 en 34 was. Veertien (14%) was nie bereid om hulle ouderdom bekend te maak nie. Volgens die deelnemers se opvatting beteken professionaliteit in verpleegkunde positiewe/proaktiewe professionele gedrag en die bevordering van toepaslike gedrag en -kenmerke van professionaliteit in verpleegkunde. Die Cronbach-koëffisiënte vir die persoonlikheidsaspekte wat in hierdie studie gemeet is, was soos volg:

- Gevoel dat die publiek jou waardeer = 2 (0.42)
- Toepaslike gedrag = 7 (4.80)
- Organisatoriese en professionele sorg = 6 (4.60)
- Positiewe/proaktiewe professionele gedrag = 9 (0.86)
- Professionele identiteit en trots = 5 (0.42) en
- Leerproses = 3 (0.20).

**Gevolgtrekking:** Volgens die menings van die deelnemers beteken professionaliteit in verpleegkunde positiewe/proaktiewe professionele gedrag en die bevordering van toepaslike gedrag en -kenmerke van professionaliteit in verpleegkunde.

**ZOEKWOORD:** Ingeskrewe Verpleegsters, Professionaliteit, Standaard, Gedrag.

## **ACKNOWLEDGEMENTS**

First of all, I would like to give thanks and honour to the almighty God for granting me life, health and wisdom to be able to complete this study. I would also like to thank my supervisors Prof. U. Chikte and Ms Eunice Turawa for their unwavering support, supervision, guidance, and motivation during my studies. I express my appreciation to Mr. Innocent Karangwa for assisting with data analysis. Lastly but not least, I would like to thank my students, as participants who willingly devoted their time to support with data collection.

# TABLE OF CONTENTS

<b>ABSTRACT.....</b>	<b>ii</b>
<b>ACKNOWLEDGEMENTS .....</b>	<b>vi</b>
<b>ABBREVIATIONS.....</b>	<b>ix</b>
<b>LIST OF TABLES .....</b>	<b>x</b>
<b>LIST OF FIGURES.....</b>	<b>xi</b>
<b>Chapter 1: Introduction .....</b>	<b>1</b>
1.1 Aim and objectives.....	3
1.2 Assumptions and limitations.....	3
1.3 Assumptions.....	4
1.4 Ethical considerations .....	4
1.5 Definition of core concepts.....	4
1.6 Outline of chapters .....	5
<b>Chapter 2: Literature review.....</b>	<b>6</b>
2.1 Introduction .....	6
2.2 Meaning of professionalism.....	6
2.3 Attributes of professionalism.....	7
2.4 Professionalism as a hidden curriculum .....	11
2.5 Importance of professionalism in nursing education .....	11
2.6 Conclusion .....	13
<b>Chapter 3: Methodology and materials.....</b>	<b>14</b>
3.1 Introduction .....	14
3.2 Study Design.....	14
3.2.1 Setting and population.....	14
3.2.2 Sampling procedure .....	14
3.2.3 Inclusion criteria.....	15
3.2.4 The study instrument (questionnaire) .....	15
3.3 Data collection and analysis.....	16
3.4 Conclusion.....	16
<b>Chapter 4: Results .....</b>	<b>18</b>
4.1 Introduction .....	18
4.2 Professionalism analysis .....	20
4.3 Interpretation of factors .....	21



4.3.1 Factor 1: Feeling valued by the public .....	21
4.3.2 Factor 2: Appropriate behaviours .....	21
4.3.3 Factor 3: Organisational and professional care .....	21
4.3.4 Factor 4: Positive/proactive professional behaviours .....	22
4.3.5 Factor 5: Professional identity and pride .....	22
4.3.6 Factor 6: Learning orientation .....	22
4.4 Group differences on professionalism measures .....	22
4.4.1 Gender .....	25
4.4.2 Age group .....	25
4.4.3 Year of study .....	27
<b>Chapter 5: Discussion and conclusions .....</b>	<b>30</b>
5.1 Introduction .....	30
5.2 Meaning of professionalism.....	30
5.3 Student nurses' opinions related to professionalism .....	31
5.4 Appropriate behaviour.....	31
5.5 Organisational and professional care .....	32
5.6 Professional identity and pride .....	33
5.7 Learning orientation .....	34
5.8 Conclusion.....	35
5.9 Recommendations .....	35
<b>References.....</b>	<b>37</b>
<b>Appendices.....</b>	<b>44</b>
A: QUESTIONNAIRE .....	44
B: FACTORS OF PERSONALITY MEASURED IN THE STUDY .....	54
C: CONSENT FORM.....	58
D: ETHICS COMMITTEE APPROVAL FOR CONDUCTING RESEARCH .....	59
E: DECLARATION FOR RESEARCH .....	62

## **ABBREVIATIONS**

AACN	American Association Colleges of Nursing
ANA	American Nurses Association
ARNNL	Association of Registered Nurses of Newfoundland and Labrador
CPD	Continuous Professional Development
HPC	Health Professional Council
HPCNA	Health Professions Councils of Namibia
M	Mean
MoHSS	Ministry of Health and Social Services
RNAO	Registered Nurses' Association of Ontario
SD	Standard deviation
WHO	World Health Organization

## LIST OF TABLES

Table 2.1: Domain of professionalism in nursing .....	9
Table 2.2: Hinshaw's stages of professional socialisation .....	13
Table 4.1: Demographic characteristics of the respondents .....	18
Table 4.2: Cronbach coefficients for the aspects of personality .....	20
Table 4.3: Descriptive statistics of personality factors by gender .....	23
Table 4.4: Descriptive statistics of personality factors by age group .....	25
Table 4.5: Descriptive statistics of factors of personality by year of study .....	27

## LIST OF FIGURES

Figure 4.1: Respondents' year of study .....	19
Figure 4.2: Respondents' ages .....	19
Figure 4.3. Factors of personality by gender .....	24
Figure 4.4: Distribution of factors of personality scores by gender .....	25
Figure 4.5: Distribution of factors of personality scores by age group .....	27
Figure 4.6: Distribution of personality factors by year of study .....	29

## Chapter 1: Introduction

Professionalism is a contested term due to dynamic evolutions and variations in its use and application. It remains a difficult concept to define, irrespective of extensive research by many social science researchers (Akhtar-Danesh, Baumann, Kolotyolo, Lawlor, Tompkins & Lee, 2011). Consequently, various professions have different viewpoints on what constitutes professionalism.

In the Oxford Advanced Learner's Dictionary of Current English (2006), professionalism is defined as "the high standards expected from a person who is well trained in a particular job" (Oxford Dictionary, 2006). Professionalism is a set of attitudes, skills, behaviours, and attributes that are expected from a person who is considered a professional (Hammer 2003). Gokenbach (2012) describes a profession as a "chosen, paid occupation requiring prolonged training and formal qualification". He further describes professionals as individuals expected to display competent and skilful behaviours in alignment with their profession. Brock (2006) highlights seven dimensions of professionalism, namely: knowledge, education and training, values, skills, autonomy, ethics, and reward. Being professional is considered an act of behaving in a manner defined and expected by the chosen profession. "It is a commitment to vocation and public interest with adherence to a set of values that are owned and understood by all" (Health Professional Council, 2010). The definition of professionalism may vary slightly in healthcare professions. For example, within the medical profession, professionalism may be seen as recommitting oneself to those ideals that help in restoring patients to health by offering them treatment with respect and placing their interests above one's own interest (Boos, 2010).

Most of the recent literature on healthcare views professionalism as a competency or an act that can be taught, developed, measured, and assessed (Arnold, 2002). For Ginsburg, Regehr and Lingard (2004), professionalism is the expression of professional attitudes and observable behaviours with attention to the reasons and motivations behind the individual's actions in a professional situation. However, professionalism may be more related to professional identity and individuals' perception of themselves as professionals rather than to displayed behaviour. Thus, it is imperative to define professionalism in the science and practice of nursing in order to comprehend its nature and attributes (Ghadirian, Salsali, & Cheraghi, 2014).

In the nursing profession, a professional person is described as an educated individual with a moral outlook and who is also capable of exercising intellectual and moral judgment at a high level of responsibility (Searle, Human & Mogotlane, 2010). Additional evidence suggests that professionalism in nursing is closely connected to the cultural and educational structure of a society

and that professionalism and values improve with students' year of study (Manninen, 1998). Additionally, professional identity is an important concept in nursing, as it defines the professional image. The view of what constitutes professionalism and the practice of professionalism by student nurses in their clinical placement is crucial to healthcare delivery as nurses' opinions about professionalism have considerable impact on patient care and outcomes (Health and Care Professions Council, 2012).

Many studies have evaluated various values in professionalism. According to Leduc and Kotzer (2009), values concerning professional identity can be acquired through self-evaluation exercises, skills training, and mentoring professionals as role models. The process of being a participant and observer within the realities of the clinical environment completes the professional identity development of the student nurse (Dalton, 2005). Brunetto, Farr-Wharton and Shacklock (2011) suggest that improved communication between nurse managers and the staff nurses will enhance the opinions of autonomy in nursing and encourage nurses' commitment to their duties. Akhtar-Danesh *et al.* (2013) also acknowledged the detrimental effect that the lack of consensus regarding the definition of professionalism in nursing can have and the possible negative consequences in clinical practice. Additional studies assessed student nurses' opinions of nursing practice, professional values, and self-esteem coupled with the ethical confidence and public image of the nursing profession (Sand-Jecklin & Schaffer, 2006; Weis & Schank, 2000; Moon, Kim, Kim, Kim & Lee, 2014; Iacobucci, Daly, Lindell & Griffin, 2013).

The Health Professions councils of Namibian (HPCNA) regulate the training of nurses and midwives in Namibia. The curriculum for General Nursing/Midwifery education is composed of two complementary parts: the theoretical and practical training experiences. Both parts enable nursing students to acquire the knowledge, skills, and attitudes necessary for providing nursing care to the public. Nursing is a performance-based profession, and more than 50% of nursing education is done in clinical environments. Appropriate and high-quality training for nurses is key to their competency and efficient healthcare delivery.

The Ministry of Health and Social Services (MoHSS) provides clinical guidelines and written standard procedures that should guide nurses in patient care. However, the attitudes and behaviours of many nurses are not optimal. Professional skills – such as personal commitment, effective communication with patients, honesty, and good listening skills – are missing in nurse-patient interactions (Silen, Tang & Ahlstrom, 2008). Professional ethics often deviate from the desired outcomes of professional values such as autonomy, commitment, professional identity, and advocacy with regard to their patients (De Villiers, 2014). The management and provision of comprehensive

and holistic care for positive patient outcomes requires skilled professional coordination by nurses as members of an interdisciplinary healthcare team.

It is assumed that nursing students would acquire professionalism through interaction with other nurses, through internalisation of knowledge, skills, norms, and the culture of the nursing profession addressed in the interventional educational curriculum. Furthermore, students would form relationships at work and participate in professional activities while developing attitudes of professionalism. Therefore, nurses as educators and role models should train and groom student nurses/midwives into ethically acceptable behaviour.

This study set out to explore nursing students' opinions and understanding of professionalism during their placements in clinical practice. The study aims to contribute and support students in clinical practice as it could enhance educational interventions and support nurses in clinical practice in terms of professionalism in two ways. Firstly, the results and recommendations provide an evidence-based view of professionalism in nursing and guidance about how to affect change in terms of attitudes and values. Secondly, the study could assist in the formulation of policy on professionalism in the nursing training institutions and clinical settings thereby enhancing the quality of education delivered by professionals. Finally, this study aims to contribute to research output by motivating "health profession educators to move beyond description, in order to generate explanations that have educational significance and applicability" (McMillan, 2010).

### **1.1 Aim and objectives**

The overall aim of the study was to determine student nurses/midwives' opinions of professionalism as experienced in their clinical placements.

The specific objectives of the study were to:

1. Explore student nurses/midwives' opinions on what constitutes professionalism (values, attitudes, and behaviours) in their daily clinical nursing practice.
2. Identify incidents or absence of professionalism (values, attitudes, and behaviours) as experienced by student nurses in their daily nursing practice.

### **1.2 Assumptions and limitations**

The study was mainly based on self-reporting, which may be considered a limitation in terms of the outcome. Additionally, the study focused on nursing and midwifery students whose experiences are limited compared to those of experienced professional nurses and lecturers. The beneficiaries of care, who is considered pivotal in terms of being recipients of care, were also not included in this study.

### **1.3 Assumptions**

It was imperative to focus on the importance of professional behaviours expected of student nurses in clinical settings. There was also a need to identify deviation in ethical values and professional norms in the clinical placements.

### **1.4 Ethical considerations**

The study protocol was submitted to Stellenbosch University, Faculty of Health Sciences Ethics Committee for review as well as to the MoHSS. A favourable ethical opinion was received from both institutions before the commencement of the study. Written informed consent was obtained from the participants and confidentiality assured for the information provided. Throughout the study, mutual respect and agreement were maintained by participants and the researcher. Participants were allowed to withdraw from the study whenever they wished to do so. Lastly, the rights of the participants' anonymity, confidentiality, and consent to participate were considered and protected.

### **1.5 Definition of core concepts**

In order to avoid confusion and facilitate understanding, the following core concepts are described:

#### **Professionalism**

According to Hammer (2003), "Professionalism is a complex composite of structural, attitudinal and behavioural attributes".

**Professionalism** is also described as the high standards expected from a person who is well trained in a particular job. It involves a set of attitudes, skills, and behaviour, attitudes and values that are expected from those considered a professional by society.

**Professionalism:** Qualities or typical features of a profession or professional/ or A collection of attitudes and actions; it suggests knowledge and technical skill (RNAO, 2007).

**Professional nurse"** means a person registered as such in terms of section 31(SANC, 2005).

#### **Enrolled nursing and midwifery students**



These students are pursuing a three-and-a-half year General Nursing and Midwifery Science Programme at the National and Regional Health Training Centres of MoHSS in Namibia to qualify as registered nurses/midwives.

**Enrolled nurse** is a person enrolled according to section 20, Namibian Nursing ACT, 2004 to practise as an enrolled nurse or who is regarded to be enrolled in terms of section 64.

**"Auxiliary Midwife"** means a person who prior to the commencement of this Act was enrolled or eligible to be enrolled with the Council as such (SANC, 2005).

**"Auxiliary Nurse"** means a person registered as such in terms of section 31 (SANC, 2005).

**Registered nurse** is an individual who has completed the prescribed course of study according to Namibian nursing professions Act No 30 of 1993.

## **1.6 Outline of chapters**

Chapter one: Presents the introduction and background of the study.

Chapter two: Focuses on a literature review about the meaning of professionalism and professionalism in nursing, attributes of professionalism, and the importance of professionalism in nursing education.

Chapter three: Presents the study methodology and materials used in the study. This chapter also describes the steps and techniques used to carry out the study. It also described the method of data analysis.

Chapter four: Presents the results in the form of tables and figures and interprets the results.

Chapter five: Deals with the discussions according to the findings, conclusions, and recommendations based on the study findings.

## Chapter 2: Literature review

### 2.1 Introduction

In this chapter, available research about professionalism in relation to the topic was reviewed. The literature review in this study is divided into four subsections, namely: the meaning of professionalism, the attributes of professionalism, professionalism as a hidden curriculum, and professionalism in nursing education.

### 2.2 Meaning of professionalism

Several studies have been conducted on professionalism. Brock (2006) noted that being a professional is not just about meeting standards; it is about attitude, ideology, and passion. Although Brock's research is about young children, students can be compared to young children in a certain sense because they enter the curriculum as novices who are then groomed to become professionals. This research illustrates the dimensions of professionalism that was mentioned in the introduction to the study. Another study conducted by Akhtar-Danesh *et al.* (2011) employed Q-methodology to identify common viewpoints on professionalism held by nursing faculty and students. Four viewpoints emerged from this study: humanists, portrayers, facilitators, and regulators. The humanists considered professional values to include respect for human dignity, personal integrity, protection of patient privacy, and protection of patients from harm. The portrayers believed that professionalism is evidenced by one's image, attire, and expression. For facilitators, professionalism not only includes standards and policies but also personal beliefs and values. Regulators believed that professionalism is fostered by a workplace in which suitable beliefs and standards are communicated, accepted, and implemented by its staff. The different viewpoints indicate that there may be numerous contextual variables that affect individuals' opinions of professionalism.

The Registered Nurses' Association of Ontario (RNAO, 2007) issued a document, *Professionalism in Nursing Guideline*, which identified and recommended the following comprehensive approach to standards of professionalism in nursing: knowledge, spirit of inquiry, accountability, autonomy, advocacy, innovation and visionary, collegiality and collaboration, ethics and values (Table 2.1).

Knowledge is the foundation for nursing practice; it is vital to professionalism. It helps define the nature of problems and influences decision-making when providing evidence-based answers in healthcare delivery (Freidson, 1994). It was argued that the provision of access to educational resources, attendance of conferences and workshops, and presentations of research work at local and international conferences will enhance professionalism in nursing.

Inquiry entails being inquisitive and requires open-minded attitudes. It is a process that involves many features. Such features include making observations, framing healthcare questions, and critically assessing information and their sources in view of acquiring more knowledge. This also involves engaging in data collection using standardised tools, analysing and interpreting data, and providing possible solutions to healthcare problems (Fitzgerald & Byers, 2002).

Integrating all these values into the curriculum provides the conceptual, moral, and practical learning necessary to guarantee a future nursing workforce that is grounded in the concept of caring and that actualises this caring through value-based behaviour (Fahrenwald, Bassett, Tschetter, Carson, White & Winterboer, 2005).

For the student nurse or midwife, the curriculum involves all three domains of learning: cognitive, psychomotor, and affective domains (Quinn & Hughes, 2007). During the education and training of the nurse, considerable attention is given to the setting and maintaining of standards that a reasonable nurse practitioner would maintain (Searle *et al.*, 2010). It has been observed that Namibian nurses are well trained via a comprehensive curriculum that addresses the needs of the country. The psychomotor and cognitive domains are generally well applied in programmes, but the affective domain is considered a concern. The curriculum's introductory content provides an overview of the wheel of professionalism (Adams & Miller, 2001). However, more detailed attention need to be paid in the training scheme to the importance of professional behaviours expected of nursing students and professional nurses. It needs to be incorporated in such a way that the student will be able to demonstrate and uphold the professional standards that portray professional identity at all times.

### **2.3 Attributes of professionalism**

The attributes of professionalism should be incorporated into the training of student nurse/midwives. These core values constitute expected behaviours that should be instilled in students when grooming them to become professionals. "Professionalism requires that nurses in all roles demonstrate professional standards. Nurses put into action their values and attributes of professionalism when providing nursing care and collaborating with patients, nurse colleagues, other members of the healthcare team and nursing students" (RNAO, 2007).

The goal of training nurses whose conduct is considered professional remains a central principle in nursing education, but the challenge is finding learner-centred ways to explore and reinforce the concepts of professionalism (Rhodes, Schutt, Langham & Bilotta, 2012). As far back as 1915, Flexner identified certain characteristics of professionalism, which includes knowledge, specialisation, intellectual and individual responsibility, and well-developed group consciousness. In recent

literature the inclusion of autonomy, ethical competence, specialised knowledge, and self-sacrifice has been highlighted (Akhtar-Danesh *et al.*, 2011).

In addition, Adams and Miller *et al.* (2001) identify basic attributes of professionalism as including “educational preparation, research and scholarship participation in professional organizations, community service, competence and continuing education, the code of nurses, theory, and autonomy” (Dikmen, Karatas, Gurol & Ak, B 2016).

It was Florence Nightingale who set high expectations of excellence and altruism in nursing practice. In the nursing profession, a number of ethical codes and standards guide and indirectly measure the quality of service delivered. Such practices also include the ethical behaviour and moral values of those who impart knowledge to students (Gokenbach, 2012). Professionals play a very important role in imparting knowledge through their conduct. Students are good observers and are influenced by professionals through role modelling (Searle *et al.*, 2010). The conduct of professionals may positively or negatively influence the learning outcomes of students. Professionalism in the nursing fraternity is geared towards high-level outcomes that require nurses to observe standards of care and to conduct themselves excellently (Searle *et al.*, 2010). The nurse practitioner has a duty to observe such standards as well as the right and duty to determine the modalities of nursing care in any given situation (Searle *et al.*, 2010). In Namibia, the standards are clarified by the public service charter and the Ministry of Health and Social Service’s (MoHSS) core values for professional conduct. The core values include honesty, integrity, respect, professionalism, and professional secrecy.

The nursing profession also espouses ethical values and care standards, which are measurable in the rendering of care to patients. These standards are outlined in the scope of practice regulated by the Health Professional Councils of Namibia (HPCNA). The scope of practice is outlined in the Nursing Act (Act 8 of 2004). The HPCNA’s regulations govern the acts and omissions of nurses (Searle *et al.*, 2010) in the “scope of practice” (Act 8, 2004) for both registered and enrolled nurses. The Council does not prescribe standards, but judges conduct against normally accepted standards for safe practice as observed by most of the practitioners.

Professionalism in nursing is a very broad, to give a comprehensive description of professionalism as it applies to nursing, the RNAO has created domains and the categories of professional features that constitutes these domains.

**Table 2.1: Domain of professionalism in nursing (RNAO, 2007)**

<b>Knowledge</b>	<p>Professionalism includes</p> <ul style="list-style-type: none"> <li>• A body of knowledge that is theoretical, practical and clinical.</li> <li>• Being able to apply that knowledge.</li> <li>• Using theoretical and/or evidence-based rationale for practice.</li> <li>• Synthesising information from a variety of sources.</li> <li>• Using information or evidence from nursing and other disciplines to inform practice.</li> <li>• Sharing or communicating knowledge with colleagues, clients, family and others to continually improve care and health outcomes</li> </ul>
<b>Spirit of Inquiry</b>	<p>Professionalism includes</p> <ul style="list-style-type: none"> <li>• Being open-minded and having the desire to explore new knowledge.</li> <li>• Asking questions leading to generating knowledge and refining existing knowledge.</li> <li>• Striving to define patterns of responses from clients, stakeholders and their context.</li> <li>• Being committed to life-long learning.</li> </ul>
<b>Accountability</b>	<p>Professionalism includes</p> <ul style="list-style-type: none"> <li>• Understanding the meaning of self-regulation and its implications for practice.</li> <li>• Using legislation, standards of practice, and a code of ethics to clarify one's scope of practice</li> <li>• Being committed to work with clients and families to achieve desired outcomes.</li> <li>• Actively engaging in advancing the quality of care.</li> <li>• Recognising personal capabilities, knowledge bases, and areas for development.</li> </ul>

<b>Advocacy</b>	<p>Professionalism includes</p> <ul style="list-style-type: none"> <li>• Understanding the client's perspective.</li> <li>• Assisting the client with their learning needs. Being involved in professional practice initiatives and activities to enhance healthcare.</li> <li>• Being knowledgeable about policies that impact healthcare delivery.</li> </ul>
<b>Innovation and Visionary</b>	<p>Professionalism includes</p> <ul style="list-style-type: none"> <li>• Fostering a culture of innovation to enhance client/family outcomes.</li> <li>• Showing initiative for new ideas and being involved by taking action.</li> <li>• Influencing the future of nursing, delivery of healthcare, the healthcare system, and collaboration.</li> </ul>
<b>Collegiality and Collaboration</b>	<p>Professionalism includes</p> <ul style="list-style-type: none"> <li>• Developing collaborative partnerships within a professional context.</li> <li>• Acting as a mentor to nurses, nursing students, and colleagues to enhance and support professional growth.</li> <li>• Acknowledging and recognising interdependence between care providers.</li> </ul>
<b>Ethics and Values</b>	<p>Professionalism includes</p> <ul style="list-style-type: none"> <li>• Being knowledgeable about ethical values, concepts, and decision-making.</li> <li>• Being able to identify ethical concerns, issues, and dilemmas.</li> <li>• Applying knowledge of nursing ethics to make decisions and to act on decisions.</li> <li>• Being able to collect and use information from various sources for ethical decision-making.</li> <li>• Collaborating with colleagues to develop and maintain an environment that supports nurses and respects their ethical and professional responsibilities.</li> <li>• Engaging in critical thinking about ethical issues in clinical and professional practice.</li> </ul>

## 2.4 Professionalism as a hidden curriculum

The attributes of professionalism are not explicitly taught as a course in the curriculum, but they are supposed to be observed in the whole curriculum. This means that professionalism operates as a hidden curriculum within nurse training. Learning through the hidden curriculum is experienced in real-life clinical settings and not in the classroom. It is pervasive, continually reinforced, and naturally accepted by faculty and trainees as “how things work” (Balmer, Master, Richards & Giardina, 2011). The hidden curriculum is defined generally as the values, beliefs, and expectations of institutional and professional culture that shape the students’ learning (Balmer *et al.*, 2011). In the health sciences, the most common aspects of the hidden curriculum are professionalism, role modelling, leadership, ethics, and the ways in which the beginner professional thinks (Tsang, 2011). The hidden curriculum conveys positive and negative messages (Swanwich, 2010).

Neutens (2008) mentions that the day to-day exposure in the clinical environment has a greater influence than the formal curriculum. Unprofessional conduct in this environment is believed to affect the eventual outcome of education when students complete their programme. Generally, students are good observers who imitate what they see rather than do what is taught in the classroom and clinical environments. When supervising or teaching, educators need to acknowledge that they may unwittingly make comments or do things that cast a shadow on professional development (Neutens, 2008). The grooming process of professional nurses should be initiated at the student stage. These students should recognise the expected tasks and responsibilities while they are in the educational situation (Brockopp, Schooler, Welsh, Cassidy, Ryan, Mueggenberg, 2003). The importance of clinical mentors as role models who display good conduct also cannot be denied.

Another study suggests that among the barriers to acquiring professional ethics was 1) a lack of motivation and interest among the student nurses; 2) insufficient self-awareness; 3) a shortage of expert instructors in ethics; 4) inadequacies in the curriculum; 5) inappropriate ethical teaching methods; and 6) problems in the evaluation of ethical characteristics (Loghmani, L., Borhani, F., & Abbaszadeh, A. 2014)). Poor interpersonal relationships and constraints in the clinical setting also play a role (Loghmani *et.al.* 2014).

## 2.5 Importance of professionalism in nursing education

Although professionalism is hidden in the curriculum, it is important in raising the standard of nursing education. In the context of education, “the global standards for initial education provide an opportunity for countries to invest in building the capacity required to raise the standard of education of existing nursing and midwifery programmes to university level. It is the aim of Nursing and

midwifery programmes to equip individuals who will strengthen the health systems to meet the population needs as well as protect the public” (World Health Organisation, 2009).

Training positively contributes to professional identity development. It enables the students to acquire knowledge, skills, and attitudes that are required for professional nursing by means of educational activities (Day, Field, Campbell & Reutter, 2005). While adopting values and attitudes during training, students internalise the values of their educational institutions. (Moloney & Mauksch, 1986).

The training process also causes students to change their prejudices about the profession (Howkins & Ewens, 1999; Karagöz, 2004). Howkins and Ewens (1999) revealed that students who had prejudices about their profession at the beginning of the training could change their thoughts by the end of the training programme. It is important for students to overcome prejudices and develop a positive attitude towards the profession in their professional identity development. Leduc and Kotzer (2009) stated that values concerning professional identity would be acquired through self-evaluation exercises, skills training, and observing professionals as role models. The process of being a participant and observer within the realities of the clinical environment completes the professional identity development of the student nurse (Dalton, 2005). The internalisation starts with acquiring knowledge and skills through a formal basic training process in line with the socialisation process. This results in the nursing student taking the first steps of professionalism and continues to develop with clinical experiences following the training (Wynd, 2003).

The student develops a role that matches his or her professional identity within the professional socialisation process (Clouder, 2003; Howkins & Ewen, 1999). Students’ experiences in their educational life as well as understanding their thoughts and opinions will also contribute to the planning of educational activities (Suikkala & Leino-Kilpi, 2005). The presentation of students’ experiences and opinions of professionalism in their clinical training could help guide trainers to review the educational methods, clinical educational environment, and nursing curriculum.

Table 2.2 shows the importance of nursing education in guiding professional socialisation. Hinshaw’s study shows that the stages of professional socialisation are a potentially useful model for describing the educational aspect of professional socialisation (Cherie, Mekonen & Shimelse, 2006).

**Table 2.2: Hinshaw’s stages of professional socialisation (Cherie, Mekonen & Shimelse, 2006)**

Stage		Key Behaviour
I	Initial innocence	Initial image of nursing unaffected by reality



II	Incongruities	Initial expectations and reality collide Questions carrier choice May drop out
III	Identification	Observes behaviour of experienced nurses
IV	Role simulation	Practices observed behaviour May feel unnatural in role
V	Vacillation	Old image conflicts with new professional image
VI	Internalisation	Acceptance and comfort with new role

Table 2.2 describes the stages during which student nurses gain knowledge and acquire skills in the nursing profession. It is a process of socialisation from classroom to clinical settings. Through professional socialisation, students are introduced to norms, values, and expected behaviours within the profession. As novices, they have different backgrounds with different expectations regarding the nursing profession. They observe behaviour of experienced nurses. Therefore, it is imperative for professional nurses to be role models.

## 2.6 Conclusion

Through perusing the literature, it becomes obvious that nurses employ the attributes of professionalism daily in the context of clinical practice. Although there is no consensus in the literature as to the meaning of professionalism, there are still some generally recognised attributes that describe nursing as a profession. This literature review described the meaning of professionalism, attributes of professionalism, professionalism as a hidden curriculum, and its importance in nursing education. Various researchers found that professionalism is viewed in different ways according to standards required from each profession. The standards should be incorporated in the curriculum and be observed by those in training. Furthermore, educators and registered nurses should also act as role models and should uphold standards that portray the expected ethical behaviours.

In the subsequent chapter, the attributes of professionalism are measured using a quantitative design.

## Chapter 3: Methodology and materials

### 3.1 Introduction

The previous chapter dealt with literature studies regarding professionalism in nursing. This chapter outlines the methodology employed in conducting the study. The total population included in the study and the method of analysis are also discussed in detail.

### 3.2 Study Design

The study employed a descriptive quantitative study design. A quantitative approach is descriptive in nature and uses numerical data analysis that is developed from a positivist tradition (Cohen, Manion & Morrison, 2011). It utilises simple descriptive statistics that can offer the researcher a straightforward, yet rigorous, way of organising the data, summarising the findings, displaying the evidence, and describing the profile of findings (how the data are distributed). It also assists the researcher with exploring connections between parts of the data (correlations and associations) (Denscombe, 2010). Besides analysing large numbers of data, it also offers the advantage of analysing measurements from experiments and observations. It can also serve smaller scale investigations, case studies, action research, and correlational research (Cohen *et al.*, 2011). Hence, the researcher opted to use a quantitative approach in this study.

#### 3.2.1 Setting and population

The study was conducted at Windhoek Health Training Centre from November 2015 to February 2016. A descriptive quantitative design was undertaken to determine participants' opinions about professionalism and to assess factors associated with professionalism among student nurses in their everyday practice. The target population was the entire student body consisting of 200 individuals, from their first year to those in the final year (3<sup>rd</sup> year) of their study.

#### 3.2.2 Sampling procedure

A convenience sample was taken comprising student nurse/midwives studying at Windhoek National Health Training Centre in Namibia. Both male and female students at their various levels of learning were included in the study. The study population consisted of 199 student nurses and midwives registered for a diploma in the Nursing and Midwifery Training Programme in 2016. The aims of the study were explicitly explained and consent forms were distributed to those who volunteered to participate in the study.

The questionnaires were handed out to the participants to complete without interference from the researcher. This allows the researchers to remain as objective and neutral as possible (Bless, Higson-Smith & Sithole, 2013). Opportunities to ask questions were provided and clarity was given where necessary. However, for various reasons the questionnaire was completed by only 100 student nurses and midwives. Twenty-seven were first year students while 44 were second years, and 29 were in their third year of training. Reasons for non-participation include students being off duty, some were off duty campus due to other commitments, and some individuals declined to participate in the study for personal reasons.

### 3.2.3 Inclusion criteria

All the student nurses at the Windhoek Health Training Centre at the time of study were eligible to participate in the study.

### 3.2.4 The study instrument (questionnaire)

The study instrument was adopted from an existing and free online questionnaire designed by (Carter, Hesselgreaves, Rothwell, Crampton, Burford, McLachlan, & Illing, 2016). The questionnaire was designed to measure professionalism in paramedics. It was piloted to assess reliability of the instrument and published in English.

The questionnaire consists of Likert scale questions that allow the subjects to describe in detail how well their opinions and attitudes about nursing match with the item statements. The selection of the instrument was based on its design, which reflects standard professional nursing values and ethical conduct. Face validity of the questionnaire was assessed by experts in the field to determine if the questions were clear and provided valid information. Among other things, the authors assessed the participants' values of caring for patients, the impact of knowledge and skill, self-assessment, as well as honesty and integrity in the nursing profession. They provided a detailed report of the development and evaluation of the reliability and validity of the instrument. The questionnaires were organised following the objectives of the study and the major factors affecting professionalism in nursing practice. The instrument contained standard questions and took approximately 15 to 20 minutes to complete. Among the demographic questions considered were age, gender, and year of training. Each item was positively phrased with a range of scores: 1-3 (Unsatisfactory); 4-6 (Satisfactory); and 7-9

(Superior). This yielded the resultant total range of scores, the lowest being 3 and the highest score of 9. Thus, the higher the score the stronger the rating for the nurses' opinions about professionalism in nursing. Responses were only available to the researchers at Windhoek Health Training Centre and are completely anonymous.

### **3.3 Data collection and analysis**

The researcher introduced herself to the students and the purpose of the study. A written introduction to the questionnaire was provided by the researcher. The questionnaires (Appendix A) were distributed to each of the students. The statements were read to the students who volunteered to participate in the study.

The data was collected using a self-administered structured questionnaire (Appendix A). Explicit detailed instruction and information on how to complete the questionnaire was provided. Data was captured onto an Excel Spreadsheet, examined for inconsistencies and cleaned. Data analysis was conducted using the Statistical Package for Social Sciences Software 16.0 (SPSS). Data was then coded before a descriptive analysis of demographic data such as age, gender, and year of training was conducted (Table 4.1). Professionalism in nursing and the attributes of nursing practice were analysed. For factors of personality, the following variables – age, gender, and year of study – was estimated using mean (M) and standard deviations (SD). An inter-quarter range was used to assess the association between continuous categorical variables and professionalism in nursing.

Further descriptive statistics were employed to describe the characteristics of the respondents and to evaluate the opinion regarding the level of professionalism. Descriptive statistics, namely, percentage, frequencies, M, SD and ranges were used to describe study participants. Correlations were employed to determine differences in professionalism and personality while Cronbach coefficients were employed to measure the internal consistency of the scale to determine reliability.

The estimates were then presented as pie charts and tables. The factors of personality analysed for professionalism in nursing include: 1) feeling valued by the public, 2) appropriate behaviour, 3) organisational and professional care, 4) positive/proactive professional behaviours, 5) professional identity and pride, and 6) learning orientation. The five factors were tabled into different categories according to different sub-sections.

### **3.4 Conclusion**

In this chapter, the use of a quantitative design and descriptive statistical analysis were explained. Sampling of population was carried out on all student nurse/midwives who volunteered to take part

in the study. The study instrument was adopted from an existing online questionnaire designed by (Carter *et al.*, 2016). The next chapter presents the results from the analysed data.

## Chapter 4: Results

### 4.1 Introduction

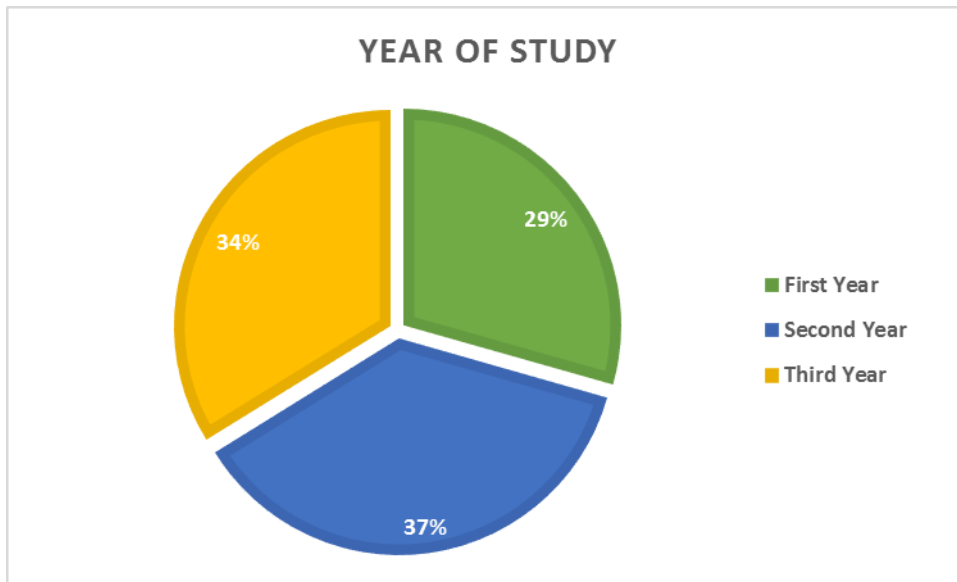
The descriptive analysis is presented in this chapter according to variables and categorised into five subsections based on the result of the obtained Cronbach coefficients in this study. The numerical data was entered into SPSS by the researcher and the statistician assisted with analysis and constructing tables and figures. Data was categorised according to different sub-sections. The results are presented in charts, plot boxes, and tables, and were interpreted by the researcher with the assistance of the statistician.

In total, 199 questionnaires were distributed to student nurses and midwives in the various training years. One-hundred fully completed questionnaires were returned. All 100 questionnaires were included in the final analysis to generalise results to the study population. An initial descriptive statistical analysis of the respondents' gender, age, and year of training was carried out (Table 4.1). Most of the study cohort were between the ages of 18-24 years old (55%), while the dominant gender was female (58.6%) and 8.1% declined to disclose their gender status. About 29% were first year students, 37% were in their second year of training, and 34% were final year students.

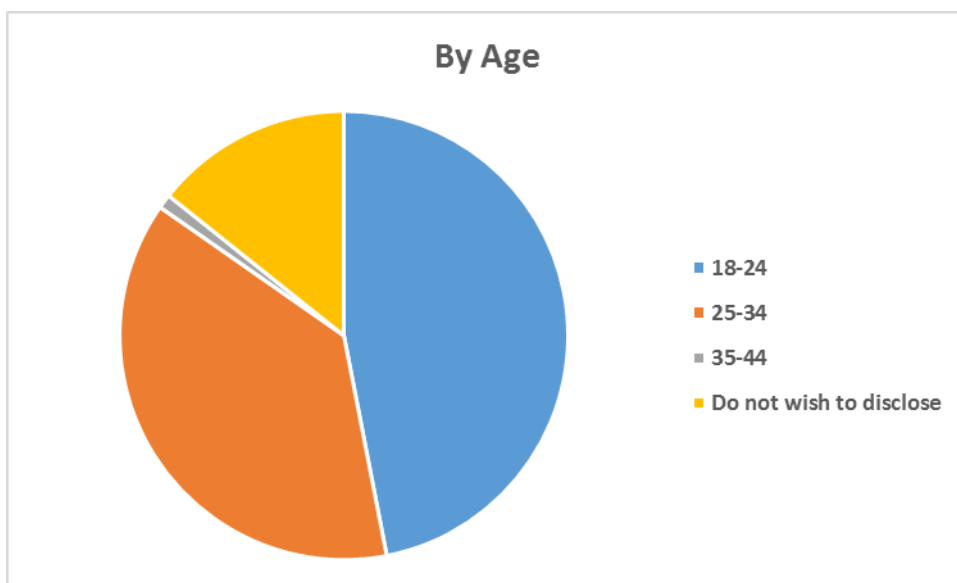
**Table 4.1: Demographic characteristics of the respondents**

Characteristics	Frequency (N)	Percent (%)
<b>Gender</b>		
<b>Males</b>	33	33.3%
<b>Females</b>	58	58.6%
<b>Do not wish to disclose</b>	8	8.1%
<b>Level of training</b>		
<b>Year 1</b>	20	29.4%
<b>Year 2</b>	25	36.8%
<b>Year 3</b>	23	33.8%

Age of Participants		
18-24	46	46.9%
25-34	37	37.8%
35-44	1	1.0%
Do not wish to disclose	14	14.3%



**Figure 4.1: Respondents' year of study**



**Figure 4.2: Respondents' ages**

## 4.2 Professionalism analysis

A reliability analysis of the sub-scales was used to measure professionalism. The scale's internal consistency was assessed using Cronbach's alpha coefficient. The coefficient refers to the degree to which the items that make up the scale hang together or to which they all measure the same underlying concept.

According to De Vellis (2003), the Cronbach alpha coefficient of a scale should be above 0.7. However, scales with fewer than 10 items are associated with low Cronbach coefficient values.

In this case, it is appropriate to report the mean inter-item correlations. As suggested by Briggs and Cheek (1986), an optimal range for the inter-item correlation should be 0.2 to 0.4.

The Cronbach coefficients for the aspects of personality measured in this study are summarised in Table 4.2. As shown in the table, only positive/proactive professional behaviours have an acceptable Cronbach coefficient (0.86). Other aspects of personality had fewer items and low Cronbach values. The analysis of inter-item correlations are summarised as items that measure the aspects of personality with lower Cronbach coefficients in Table 4.2.

Learning orientation did not pass the reliability test as correlation coefficients between items that were supposed to measure it were out of the required range values of 0.2 to 0.4. Therefore, it was left out of the study. Thus, positive/proactive professional behaviours, feeling valued by the public, appropriate behaviours, organisational and professional care, as well as professional identity and pride were the only factors that measured personality among nurses in the context of Namibia.

The analysis of inter-item correlations are summarised as items that measure the aspects of personality with lower Cronbach coefficients in Table 4.3.

**Table 4.2: Cronbach coefficients for the aspects of personality**

Aspects of personality	Cronbach coefficients	Number of items
Feeling valued by the public	0.42	2
Appropriate behaviours	4.80	7
Organisational and professional care	4.60	6
Positive/proactive professional behaviours	0.86	9



<b>Professional identity and pride</b>	0.42	5
<b>Learning orientation</b>	0.20	3

The six-factor model above outlines the robust description of professionalism for student nurse/midwives.

### 4.3 Interpretation of factors

Throughout the process of exploratory and confirmatory factor analysis, retained items and factors were assessed according to theoretical criteria to ensure that a broad coverage of the construct of professionalism was retained.

#### 4.3.1 Factor 1: Feeling valued by the public

Factor 1 in table 4.2 consists of two items that deal with whether student nurses/midwives see themselves as valued by the general public in the same way as other healthcare professionals like doctors, physiotherapists, pharmacist, and the emergency services (paramedics and trauma care). This factor suggests that, when compared with other allied health professionals, the individuals who scored high on this factor feel a sense of respect and value from the public.

#### 4.3.2 Factor 2: Appropriate behaviours

Factor 2 in table 4.2 includes six items that represent behaviours that may be perceived as unprofessional by people. Such behaviours include not always following procedures or swearing around other colleagues. These could be considered as a 'borderline behaviours' but are sometimes seen as acceptable in very particular circumstances. Although an 'ideal' professional may not exhibit any of these behaviours, in practice, some of the behaviours do occur and some may reflect cultural norms and/or use of situational judgement.

#### 4.3.3 Factor 3: Organizational and professional care

Factor 3 in table 4.2 consists out of six items, three of which refer to opinions about organisational support for professionalism, the organisation's concern for individuals' welfare, and the ability to balance work-life. The remaining three items describe opinions about the importance of patients over organisational targets. Individuals who score highly on this factor are likely to hold positive opinions of the organisation and regard all patients and calls as important. This implies that the factor measures opinions about organisational care for employees and nurses' care for patients.

#### 4.3.4 Factor 4: Positive/proactive professional behaviours

Factor 4 in table 4.2 consists of nine items that include patient care, openness to feedback from patients and colleagues, improving behaviour, and being organised. This factor also includes items on professional appearance, flexible positive communication, and interaction with patients and colleagues. The factor also refers to positive and proactive displays of professionalism, which include verbal and behavioural communication with patients, their relatives, and colleagues, as well as being well groomed and maintaining a professional appearance.

#### 4.3.5 Factor 5: Professional identity and pride

Factor 5 in table 4.2 includes five items that refer to professional identity and positive associations with the role. The factor basically measures attitudes that describe a positive sense of attachment and belonging to the profession, and feeling like a representative of the nursing/midwifery profession.

#### 4.3.6 Factor 6: Learning orientation

Factor 6 in table 4.2 includes three items that relate to learning, maintenance of skills, and training. The factor includes discretionary activities such as attending workshops about nursing practices and professionalism in nursing. One of the items measured the importance placed on belonging to a functional professional body. Regarding this factor, importance given to the existence of a professional body may relate to its role in formalising standards for nursing education training and learning. Altogether, these items represent an ongoing commitment to learning.

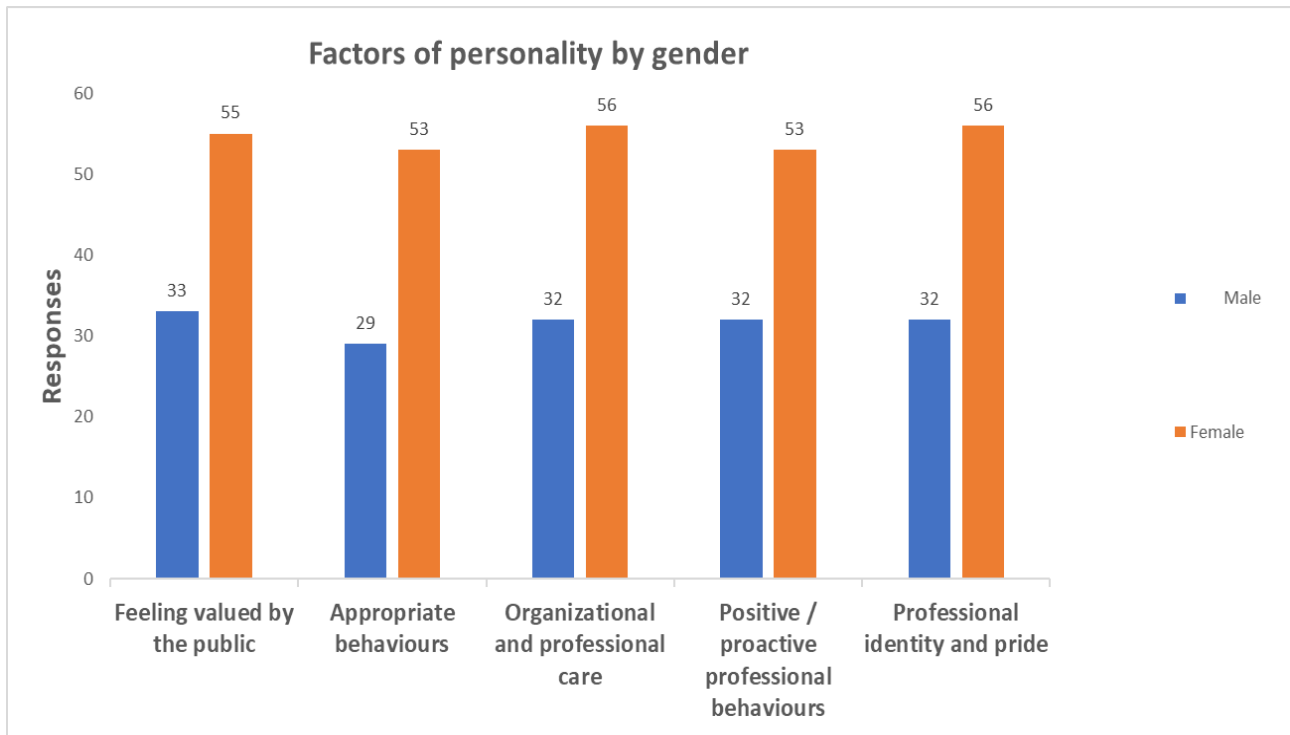
### 4.4 Group differences on professionalism measures

Tables 4.3 as well as figures 4.3 and 4.4 presents mean scores, standard deviations, and the range of personality aspects based on the demographic characteristics of the respondents. The descriptive statistics suggest that the mean for each of the factors (age, gender, and year of study) fall within a reasonable range.

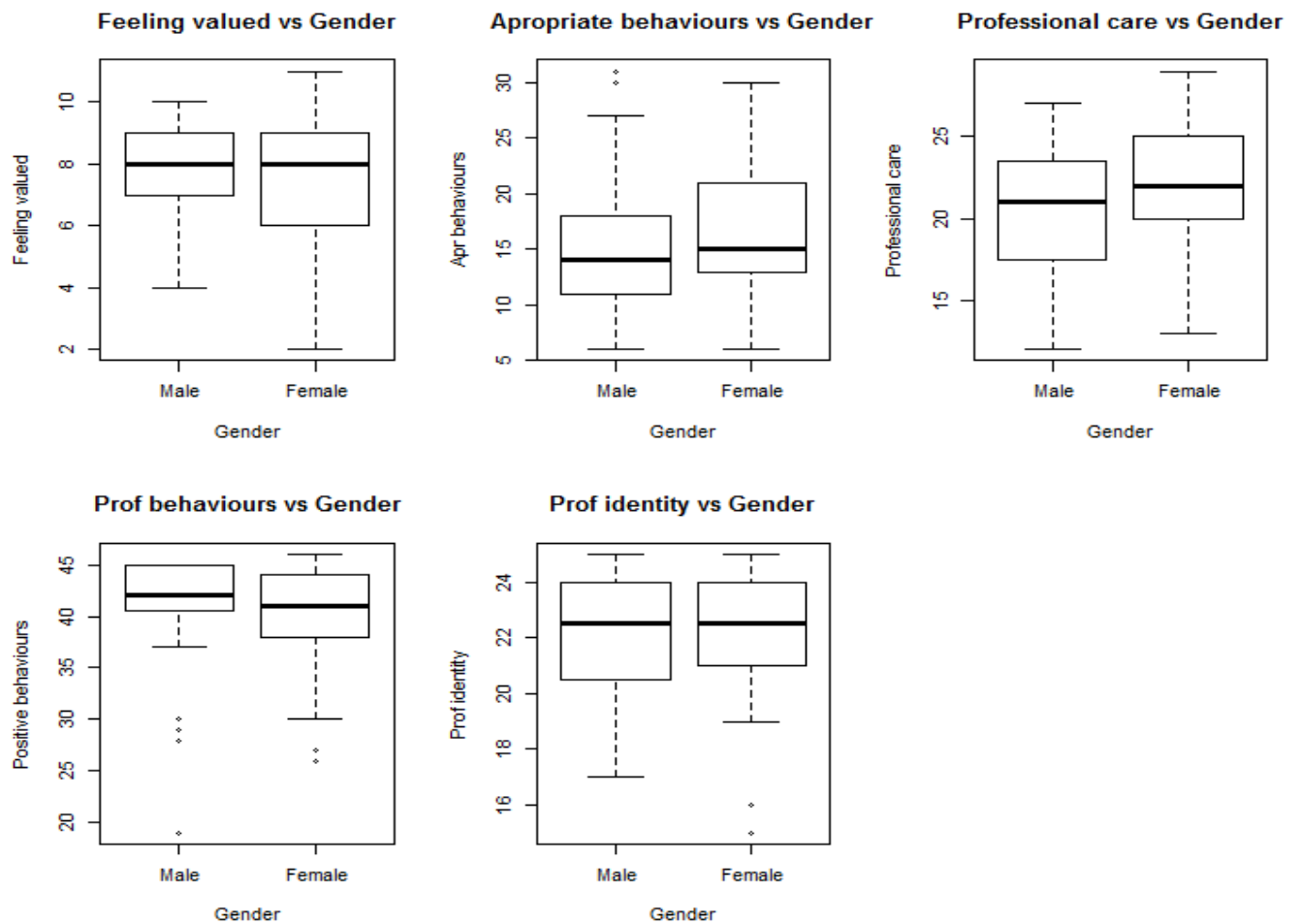
**Table 4.3: Descriptive statistics of personality factors by gender**

Sex		Feeling valued by the public	Appropriate behaviours	Organisational and professional care	Positive / proactive professional behaviours	Professional identity and pride
Male	N	33	29	32	32	32

	Mean	7.55	15.31	20.44	40.28	21.94
	Std. Deviation	1.649	6.481	3.983	6.427	2.341
	Minimum	4	6	12	19	17
	Maximum	10	31	27	45	25
<b>Female</b>	<b>N</b>	<b>55</b>	<b>53</b>	<b>56</b>	<b>53</b>	<b>56</b>
	Mean	7.70	17.26	22.23	39.55	22.18
	Std. Deviation	1.998	6.061	3.459	5.618	2.375
	Minimum	2	6	13	26	15
	Maximum	11	30	29	46	25
<b>Total</b>	<b>N</b>	<b>88</b>	<b>82</b>	<b>88</b>	<b>85</b>	<b>88</b>
	Mean	7.60	16.57	21.58	39.82	22.09
	Std. Deviation	1.866	6.244	3.738	5.908	2.352
	Minimum	2	6	12	19	15
	Maximum	11	31	29	46	25



**Figure 4.3. Factors of personality by gender**



#### Figure 4.4: Distribution of factors of personality scores by gender

According to the results of the analysis, the means (in the table) and medians (graph) of the personality aspects are as follows: females feel equally valued by the public. The factor of professional identity and pride is also equally found in both groups. Appropriate behaviours and organisational and professional care factors are found more in females than in males. The factor of positive/proactive professional behaviour is found more in males than in females.

##### 4.4.1 Gender

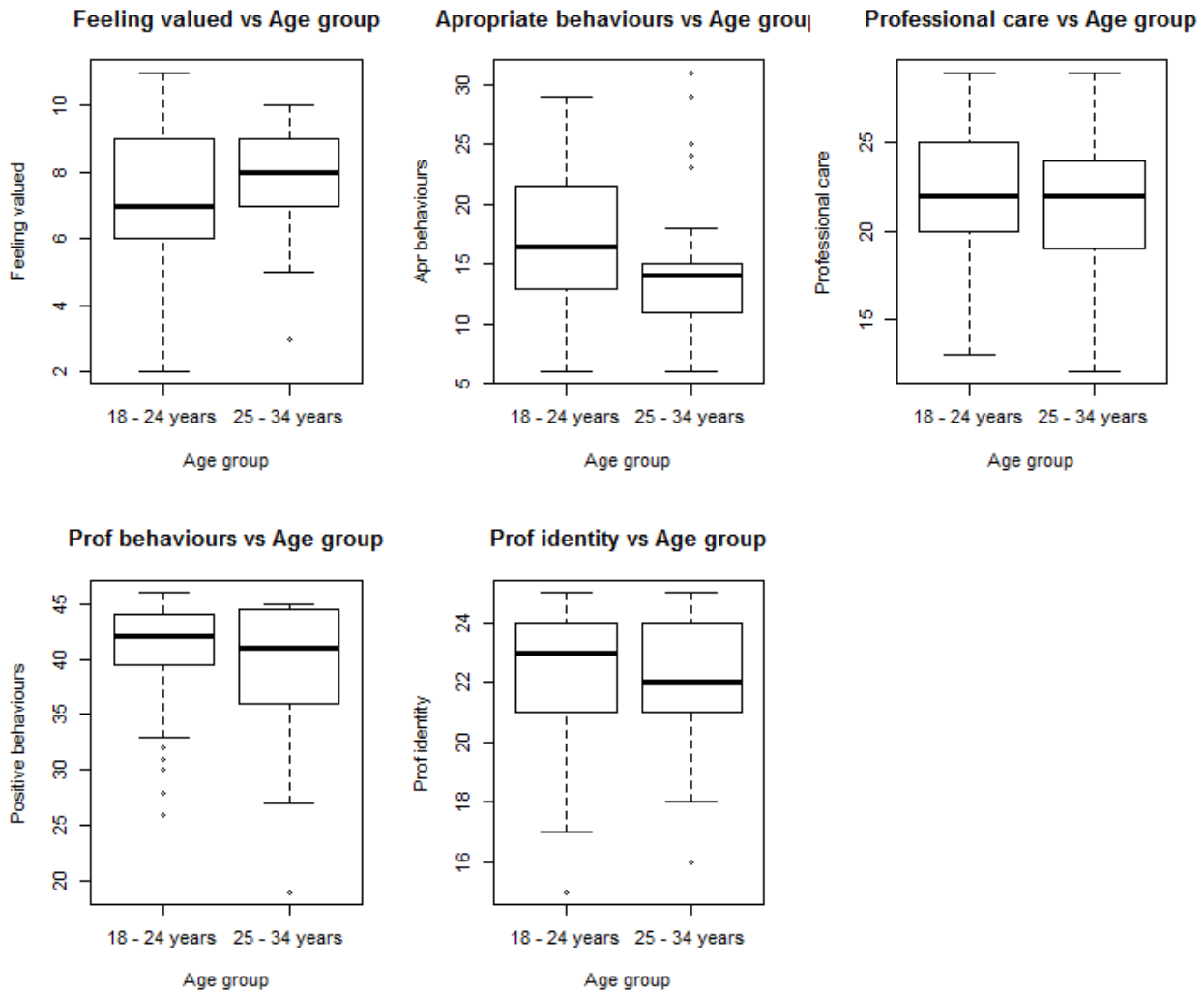
A descriptive analysis was done to assess the relationship between factors of personality and gender in nursing. Across all the personality factors, women scored higher values compared to their male counterparts (Table 4.3 and Figure 4.3).

##### 4.4.2 Age group

**Table 4.4: Descriptive statistics of personality factors by age group**

Age group		Feeling valued by the public	Appropriate behaviours	Organisational and professional care	Positive / proactive professional behaviours	Professional identity and pride
18-24	N	44	40	46	43	44
	Mean	7.27	17.63	22.02	40.47	22.45
	Std. Deviation	2.266	6.033	3.697	5.025	2.367
	Minimum	2	6	13	26	15
	Maximum	11	29	29	46	25
25-34	N	36	33	36	36	36
	Mean	7.69	14.70	21.56	38.75	21.92

	Std. Deviation	1.489	6.023	3.880	6.991	2.534
	Minimum	3	6	12	19	16
	Maximum	10	31	29	45	25
<b>Total</b>	<b>N</b>	<b>80</b>	<b>73</b>	<b>82</b>	<b>79</b>	<b>80</b>
	Mean	7.46	16.30	21.82	39.68	22.21
	Std. Deviation	1.955	6.164	3.762	6.022	2.443
	Minimum	2	6	12	19	15
	Maximum	11	31	29	46	25



**Figure 4.5: Distribution of factors of personality scores by age group**

The analysis of the mean (in the table) and median (graph) scores of the personality aspects shows that older nursing students feel valued by the public more than the younger ones. Factors of professional identity and pride, appropriate behaviours, organisational, and positive/proactive professional behaviours are more frequent in younger nursing students than in older ones. The factor of professional care is found equally in both younger and older students.

#### 4.4.3 Year of study

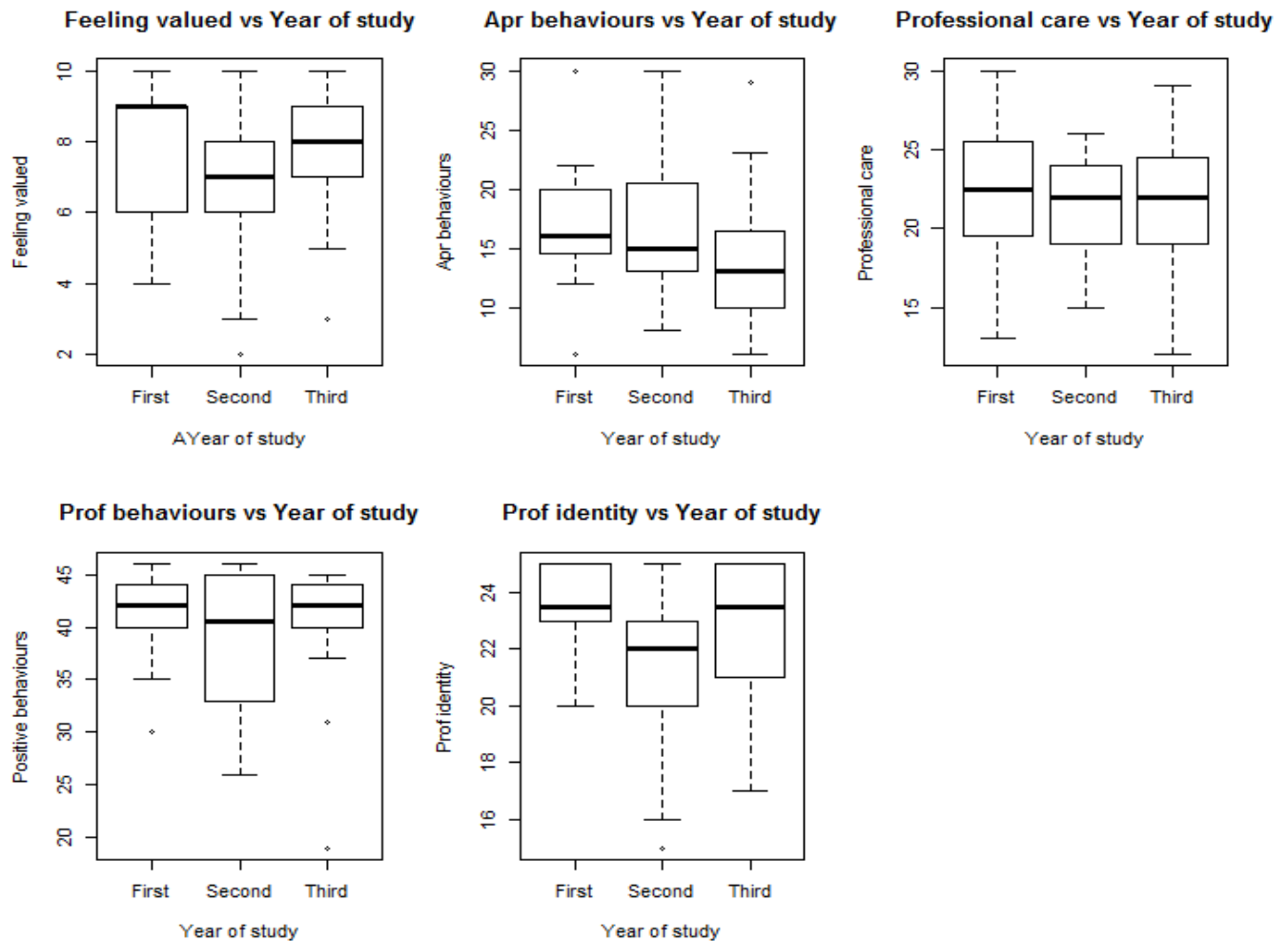
**Table 4.5: Descriptive statistics of factors of personality by year of study**

What year of the course are you on?	Feeling valued by the public	Appropriate behaviours	Organisational and	Positive / proactive	Professional identity and pride

				<b>professional care</b>	<b>professional behaviours</b>	
<b>1<sup>st</sup> Year</b>	<b>N</b>	<b>19</b>	<b>20</b>	<b>20</b>	<b>19</b>	<b>18</b>
	Mean	7.79	17.10	22.60	41.42	23.50
	Std. Deviation	1.813	4.919	4.235	3.920	1.339
	Minimum	4	6	13	30	20
	Maximum	10	30	30	46	25
<b>2<sup>nd</sup> year</b>	<b>N</b>	<b>23</b>	<b>19</b>	<b>25</b>	<b>24</b>	<b>25</b>
	Mean	6.87	16.74	21.28	38.63	21.36
	Std. Deviation	2.222	6.895	3.182	6.845	2.531
	Minimum	2	8	15	26	15
	Maximum	10	30	26	46	25
<b>3<sup>rd</sup> year</b>	<b>N</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>22</b>
	Mean	7.83	13.74	21.52	40.52	22.64
	Std. Deviation	1.749	5.336	4.461	5.744	2.682
	Minimum	3	6	12	19	17
	Maximum	10	29	29	45	25
<b>Total</b>	<b>N</b>	<b>65</b>	<b>62</b>	<b>68</b>	<b>66</b>	<b>65</b>
	Mean	7.48	15.74	21.75	40.09	22.38
	Std. Deviation	1.969	5.853	3.945	5.777	2.454



Minimum	2	6	12	19	15
Maximum	10	30	30	46	25



**Figure 4.6: Distribution of personality factors by year of study**

From table 4.5, the analysis of the mean (in the table) and median (graph) scores of the personality aspects can be summarised as follows: the first and third year male nursing students feel valued by the public more than second year students. The appropriate behaviour score decreases with the year of students' study.

Professional identity and pride were also found equally in both groups, while the organisational and professional care factor occurs more in first year than in second and third year nursing students. Positive/proactive professional behaviours as well as professional identity and pride factors are more frequent in first and third year nursing students than in second year students.

## **Chapter 5: Discussion and conclusions**

### **5.1 Introduction**

The aim of the study was to explore how professionalism is perceived by enrolled student nurses and midwives in their clinical placements. Three objectives of the study focused on exploring student midwives' opinions of what constitutes professionalism and identifying the emerging opinions related to professionalism as deduced by feedback from student nurses.

### **5.2 Meaning of professionalism**

The findings from the current study revealed a set of reported opinions from students summarised in a set of subsections of personality aspects denoting professionalism. Each personality aspect was deduced from several questions in the questionnaire used to measure professionalism. Aspects of personality that were analysed also included the meaning of professionalism to student nurses/midwives. The categories identified were 1) feeling valued by the public, 2) appropriate behaviours, 3) organisational and professional care, 4) positive and proactive professional behaviour, 5) professional identity and pride, and 6) learning process. The category with the highest acceptable score, according to a Cronbach analysis, was positive/proactive professional behaviour as reflected in the results. Sherman (2013) described professionalism as “a means of recognizing the importance of evidence-based practice, promoting and practicing good manners and maintaining high ethical and moral standards”.

Another study examined the opinions of student nurses under three themes: in-depth recognition of nursing, recognition of the meaning and value of life, and decision conflicts for being a nurse. These themes translate to cognitive and affective opinions of the students derived from their day-to-day clinical experiences (Chiovitti, 2015). Recognition of the important role that the training institutions and the other professional individuals play as role models also “contribute to the professional identity development” (Altioek & Ustun, 2014).

Nurses as role models are required to be knowledgeable about ethical values and applying their knowledge to professional practice at all times. Collaborating with colleagues to develop and maintain an enabling environment that supports nurses and respects their ethical and professional responsibilities is critical to nursing practice. Before individuals can function effectively as team members, they must be secure in their professional roles and have a clear understanding of their own roles as well as those of other healthcare team members (AACN, 2002).

### 5.3 Student nurses' opinions related to professionalism

This study revealed a low mean standard value of 0.42 for feeling valued by the clients or the public. However, despite the low score, feeling valued connotes trust, which is an attribute of professionalism. The meaning of trust for the profession implicates trustworthiness, dignity, and confidence on the part of the individual in such a profession. Trust is attained by sharing or communicating knowledge with colleagues, clients, family, and others in order to continually improve care and health outcomes (Zerwekh & Gerneua, 2012). The patient's charter defines patients' rights and responsibilities during their consultations and hospitalisation in the clinical environments (MoHSS, 2005) and adhering to these, gives nurses credibility in their work as they perform procedures on the patients. Some patients might not be aware of their rights but solely rely on nurses for information and what is done to them by nurses and clinicians.

A high score of 0.86 for positive/proactive professional behaviour as an acceptable Cronbach coefficient factor of personality was observed in this study. Professionalism requires that nurses in all roles demonstrate professional standards. Nurses put into action their values and showed attributes of professionalism when providing nursing care and collaborating with patients, nurse colleagues, other members of the healthcare team, and nursing students (RNAO, 2007). A nurse who has acquired knowledge in ethics and skills is expected to proactively promote and maintain the required standards of the profession. Thus, understanding the meaning of self-regulation and its implications for practice is important in professionalism (Zerwekh & Gerneua, 2012).

Gokenbach (2012) in addition states that core nursing values define the driving force that dictates beliefs and behaviours. Globally nurses' "core values include honesty, responsibility, pursuit of new knowledge, belief in human dignity, equality of all patients and the desire to prevent and alleviate suffering." Similar studies conducted by (Akhtar-Danesh *et al*, 2011). showed that personal attributes of practicing nurses' professionalism were autonomy, knowledge, competence, professionhood, accountability, advocacy, collaborative practice, and commitment (Baumann & Kolotylo, 2009).

### 5.4 Appropriate behaviour

The factor of appropriate behaviour consisted of seven items that were included in Cronbach coefficients and measured (4.80) as indicated on table 4.2.

Results of this study found higher responses to appropriate behaviour among the females than their males counterparts, the same greater response was observed among younger students than older ones. This finding agrees with Rhodes *et al*. 2004, that proposed that it is essential that student nurses maintain high professional conduct and speech that protect the image of nursing profession. (Rhodes

*et al.*, 2004). Adherence to core values and good conduct are required from student nurses as they represent their profession. As indicated in the literature review (Table 2.1) about attributes of professionalism, it is important that nurses improve their conduct in relation to their patients.

Professionalism requires that nurses in all roles demonstrate professional standards. Nurses are to put into action their values and attributes of professionalism when providing nursing care and collaborating with patients, nurse colleagues, other members of the healthcare team, and nursing students (RNAO, 2007).

Furthermore, educators must prepare students for their work as graduates by arming them with an awareness of the way things are in the clinical settings. At the same time, they must prepare them with the knowledge and the problem-solving ability to effect change in the authoritarian healthcare service hierarchy (Frankenberg, 2008). Students should be groomed and equipped of students with a feeling of self-confidence and an attitude of assertiveness. Role modelling in practice should highly be upheld at all times when students are in practice. The Health Professional Council (HPC, 2012) recommended that professional values and standard behaviours are expected from all those with whom patients and service-users come into contact. They should adhere to existing standards and, where relevant, codes of conduct, performance, and ethics within regulatory frameworks.

Registered nurses are moral agents acting in the interest of the client to do what is good and right. R/Ns are responsible for the ethics of their practice with a responsibility to conduct themselves ethically in what they do and how they interact with clients (ARNNL, 2013). The Association of Registered Nurses of Newfoundland and Labrador (ARNNL), 2013) affirmed that professionalism is achieved by demonstrating an accountable, knowledgeable, visible, and ethical nursing practice as well as maintaining a professional presence. A professional presence requires R/Ns to engage in reflective practice in accordance with professional standards and ethical codes and to demonstrate behaviours – including verbal and non-verbal – that project a positive role and professional image.

## **5.5 Organisational and professional care**

This aspect of personality consisted of six items that were measured by the study. The results indicate that the rate increased by year of study and this characteristic was found more in females than males. The measurement of the Cronbach coefficient for this aspect was 4.60.

Students' opinions may not tally well with the current requirement of having to belong to an association besides the Health Professions Councils of Namibia (HPCNA, 2004). It is important for nurses to belong to a professional body to care for their needs in the workplace. Associations promote nurses' morale and motivate them to practice professionalism. Additionally, professional nursing

organisations are an effective means by which the nursing profession can influence healthcare policy, represent and protect the interests of nurses, provide continuing education opportunities for nurses, and advocate for the highest quality care possible for the public. The characteristic of a profession is the existence of a professional culture that fosters the values and ethos of the profession among its members. This professional culture is commonly nurtured and maintained through the actions of the profession's organisations (Matthews, 2012).

Some studies have revealed that professional nursing organisations provide the opportunity for nursing as a profession to influence nursing practice, nursing education, health policy, and healthcare standards. There are multiple facets to the membership of these organisations, which contribute to changes in the profession and provide a collective means by which nurses can participate in shaping healthcare policy. Individual membership in nursing organisations also helps nurses stay current about issues that affect their specific practice area and nursing roles (Hallstead, 2013).

In Namibia as well, there are policies and health care standards in place in training institution, hospitals and at HPCNA. All students are oriented and introduced to these policies and guidelines before they are placed in clinical areas. It is well known to all nurses whether in training or not; they must be registered with the council and inducted on all regulations and policies.

## **5.6 Professional identity and pride**

The factor of professional identity and pride consisted of three items, namely, 1) trying to act in a manner that brings credit to the profession, 2) importance of being a nurse, and 3) that being a nurse makes one feel good. The aspect of personality, according to Cronbach coefficients, measured 0.42, which is below the average of the accepted standard measurements. In this study, students' opinions showed that a professional person should dress in a prescribed uniform to portray a good image of the profession because "[u]niforms are thought to hold personal significance for those who wear them and act as powerful symbols representing the profession's identity and image" (Shaw & Timmons, 2010). Furthermore, professional identity is defined as including both personal and professional development. It involves the internalisation of core values and perspectives recognised as integral to the art and science of nursing. These core values become self-evident as the nurse learns gains experience, reflects, and grows in the profession. Internalisation of ethical codes of conduct is imperative (Madani, Larijani, Madani & Ghasemzadeh, 2017).

However, studies conducted by the American Nurses Association (ANA, 2002) revealed that the image of nursing is determined by how nurses themselves and others (the public) perceive nursing. Earlier studies have indicated that the public image of nurses often differs from nurses' own image

of nursing. This public image is predominantly based on misconceptions and stereotypes that find their origins in distorted images of nurses in the media.

A qualitative study exploring values underlying nurses' professional identity suggested that human dignity and altruism are the most prominent moral values while intellectual and personal stimulation were the most significant work-related values (Fagermoen, 1997).

Studies further show that the public image of nurses does not always match their professional image. Nurses are not depicted as autonomous professionals and the public is not aware that currently nursing is largely a theory-based and scholarly profession (Dominiak, 2004).

Nonetheless, nurses worldwide have developed into professionals with a great deal of knowledge, as witnessed by the development of nursing protocols and guidelines.

### **5.7 Learning orientation**

The factor included three items that were measured in the study: 1) the nursing profession should be regulated by a professional body; 2) nurses should read books and articles on nursing practice; and 3) nurses should keep their continuous professional development (CPD) portfolios updated. The average score by Cronbach co-efficiency was 0.20, which was very low compared to other factors.

The HPCNA regulates the training for nurses in the country. It ensures that all nurses are trained and registered according to Nursing Act no. 8 of 2004. They monitor nurses' CPD portfolio randomly to keep nurses updated with current developments in nursing practice. Nurses should be involved in scientific research and in educational programmes. In addition, the importance of membership in professional associations must be supported by nursing leaders (Dikmen, Yönder, Yorgun, Usta, Umur, & Aytakin, 2016). Managers are encouraged to offer in-service trainings to their staff to ensure that the standard in nursing is uplifted and maintained.

A study conducted by the HPC (2010) suggests that personal responsibility for learning and a commitment to lifelong learning are core aspects of professionalism. It recommended that continuous professional development (CPD) is fundamental to the development of healthcare staff and is a mechanism through which high-quality care is identified, maintained, and developed. In addition, organisations should support and reinforce individuals' commitment to lifelong learning by providing ongoing CPD opportunities that focus on issues of conduct as well as knowledge, competence, and skills to support their development.

## 5.8 Conclusion

In this study, the opinions of students in clinical environments vary according to their exposure and level of study. Students had high opinions about professionalism based on their reflections on observed norms and values. They understood that professionalism means displaying positive and proactive professional behaviour. Professionalism should be maintained by adhering to a scope of practice, rules, and regulations that upholds the standards of the profession. The code of conduct should also be adhered to as it guides the nursing profession's professional behaviour. Furthermore, students perceive professionalism as having good communication with clients, families, and colleagues. They believe that to be a professional, one should behave appropriately, as well as take part in continuous education development to improve their service delivery and care according to the dynamic changes in modern nursing. Nurses should also act professionally and develop themselves according to the prescribed guidelines.

National guidelines should prescribe the ethical competencies nursing students must attain. Ethics educators at institutions of higher learning should plan, coordinate, and initiate clinical opportunities for students in collaboration with clinical preceptors (De Villiers, 2014).

In addition, professionalism should be improved by the organisations that establish associations for enhancing the morale of nurses. Organisations such as the American Nurses Association (ANA) should be emulated by other countries, especially in cases where associations are in decline.

Professional development in nursing can be viewed in relation to specialised education with respect to the knowledge base, ethics, and autonomy. Knowledge enables professions, such as nursing, to define the nature of problems and solutions, make autonomous decisions, and use discretion within their practice (RNAO, 2007). Continuous professional development should be realised and encouraged to enable professionals to meet the dynamic challenges in nursing practice.

## 5.9 Recommendations

1. Further study should be conducted about the role of professional nurses in the improvement of quality care and service delivery as well as their opinions about their roles in clinical teaching for undergraduate students.
2. Associations should revisit nurses' needs with regard to morale, conduct, motivation, and continuous personal and professional development.
3. With specific focus on 2<sup>nd</sup> and 3<sup>rd</sup> year students that might internalise attitudes of poor role models due to cynicism experienced. There should be adequate supervision and proper role modelling in

clinical environments to promote professionalism. There should be a better connection between ‘ivory tower idealism’ and clinical ‘realism’ to address ethical issues regarding professionalism both in class and in clinical practice.



## References

- Adams, D & Miller, B.K. (2001). Professionalism in Nursing Behaviours of Nurse Practitioners. *Journal of Professional Nursing*, 17 (4) (July–August), p 203-210.
- Akhtar-Danesh, N., Baumann, A., Kolotylo, C., Lawlor, Y., Tompkins, C., & Lee, R. (2011). Perceptions of professionalism among nursing students. *West J Nurs Res* 35: p248.  
<http://wjn.sagepub.com>
- Akhtar-Danesh, N. Baumann, A & Cordingley L. (2008). Q-methodology in nursing research: a promising method for the study of subjectivity. McMaster University, Ontario, Canada.
- Altiook HO, Ustun, B. (2013). The stress sources of nursing students. *ESTP*. 2013; 13(2): p760-6
- American Association of Colleges of Nursing (AACN). (2002). *White Paper Hallmarks of the Professional Nursing Practice Environment*. [Retrieved November 24, from: <http://www.aacn.nche.edu>]
- Arnold, L (2002). ‘Assessing professional behaviour: yesterday, today, and tomorrow’, *Academic Medicine*, 77; p502–515.
- Association of Registered Nurses of Newfoundland and Labrador (ARNNL). (2013). Shared Competencies and Assignment of Care: Registered Nurses collaborating with Licensed Practical [Nurses. <https://www.arnnl.ca/sites/default/files/documents/ID>]
- Balmer, D; Master, C., Richards, B., Giardina A. (2011). Implicit versus explicit curricula in general pediatrics education: Is there a convergence? *Pediatrics*. 2011; 124(2):347-54.
- Baumann, A; & Kolotylo, C. (2009). Development and psychometric evaluation of the professionalism and environmental factors in the workplace questionnaire. *Journal of Advanced Nursing*, 65, 2216-2228.
- Bell, J. (2005). *Doing your own research project: A guide for first time researchers in education, health and social science*, 4<sup>th</sup> ed. Berkshire: Open University press
- Blan, R. (2010). Possible research topics. College Library, Petersburg, Virginia.
- Boos, M. (2010). Student professionalism. Pritzker school of Medicine. University of Chicago, Chicago

- Briggs, S R; & Cheek, JM. (1986). The role of factor analysis in the development and evaluation of personality scales. *Journal of Personality*. 54(1):p106-48.
- Brink, H. (2008). Fundamentals of research methodology for health care professionals, 2<sup>nd</sup> ed. Juta & company Ltd. Johannesburg, South Africa.
- Brock, A. (2006). Dimensions of early years professionalism - attitudes versus competences. Leeds Metropolitan University
- Brockopp D; Schooler M; Welsh D; Cassidy K; Ryan PY; Mueggenberg K. (2003). Sponsored professional seminars: Enhancing professionalism among baccalaureate nursing students. *J Nurs Educ*. 42(12): 562-564.
- Brown, M. (2004). Illuminating Patterns of perceptions: An Overview of Q Methodology. Pittsburgh, Carnegie Mellon University.
- Brown, SR. (1996). Q methodology and quantitative research. Kent State University
- Brunetto, Y., Farr-Wharton, R., & Shacklock, K. (2011). Supervisor-nurse relationships, teamwork, role ambiguity and well-being: Public versus private sector nurses. *Asia Pacific Journal of Human Resources*. 49(2):143-164.
- Carter, M., Hesselgreaves, H., Rothwell, C., Crampton, P., Burford, B., Mclachlan, J C., & Illing, J. (2016). *Measuring professionalism as a multi-dimensional construct-Professionalism and conscientiousness in healthcare professionals (study 2)*. [Available at: <http://www.hpc-uk.org/publications/index.asp?id=1192#publicationSearchResults>]
- Cherie, A., Mekonen, A.H., & Shimelse, T. (2006). *Introduction to Professional Nursing and Ethics*. Ethiopian public health training initiative. Lecture notes for professional nursing students. Addis Ababa University. [[http://www.dphu.org/uploads/attachements/books/books\\_3922\\_0.pdf](http://www.dphu.org/uploads/attachements/books/books_3922_0.pdf).]
- Chiovitti, RF. (2015). Professionhood and professionalism as an educational aid for facilitating nursing students' development and renewal of self and profession. *Journal of Nursing Education and Practice*. [DOI: <https://doi.org/10.5430/jnep.v5n11p51>]
- Clouder, L. (2003). Becoming professional: exploring the complexities of professional socialization in health and social care. *Learning in Health and Social Care*, 2, (4), p213–222.
- Cohen, L., Manion, L., & Morrison, K. (2011). *Research Methods in Education*. 7<sup>th</sup> edition. Routledge. London and New York.

- Dalton, L. (2005). Use of clinical space as an indicator of student nurse's professional development and changing need for support. *Nurse Education Today*, 25, p126–131.
- Day, RA., Field, PA., Campbell, IE., Reutter, L. (2005). Students' evolving beliefs about nursing: from entry to graduation in a four-year baccalaureate programme. *Nurse Education Today*, 25, p636–643.24.
- De Vellis, RF. (2003). *Scale Development: Theory and Applications (Applied Social Research Methods) 3rd Edition*. SAGE.
- De Villiers, JE. (2014). Nursing ethics education in undergraduate nursing programs in South Africa and Namibia. A critical appraisal.
- Denscombe, M. (2010). *The good research guide for small-scale social research projects*. Milton Keynes: Open University Press.
- Dikmen, Y., Yönder, M., Yorgun, S., Usta, YY., Umur, S. & Aytekin, A. (2016). *Investigation of nurses' professional attitudes and factors influencing these attitudes. Journal of Anatolia Nursing and Health Sciences*. 17 (3): p158-64.
- Dikmen, Y., Karataş, H., Gürol, AG., & Ak B. (2016). *The level of professionalism of nurses working in a hospital in Turkey. J Caring Sci*. 5 (2): p 95-102. [doi:10.15171/jcs.2016.010].
- Dominiak, M.C. (2004). The concept of branding: Is it relevant to nursing? *Nursing Science quarterly*, 17, p. 295-300.
- Fahrenwald, NL., Bassett, SD., Tschetter, L., Carson, PP., White, L., & Winterboer, VJ. (2005) *Teaching core nursing values. J Prof Nurs.* [ 21(1): p46-51.]
- Falkenberg, L., & Herremans, I. (2008). Ethical behaviours in organizations: Directed by the formal or informal systems? *Journal of Business Ethics*; 14, p133.
- Fagermoen, MS. (1997). Professional identity: Values embedded in meaningful nursing practice. *Journal of Advanced Nursing*, 25, p434-441.
- Freidson, E; (1994). *Professionalism Reborn: Theory, Prophecy and Policy*. Chicago: University of Chicago Press.
- Fitzgerald, MA., & Byers, A. (2002). A rubric for selecting inquiry-based activities. *Science Scope*, 26(1), p22-25)

- Ghadirian, F., Salsali, M., & Cheraghi, MA. (2014). Nursing professionalism: An evolutionary concept analysis. *Iranian journal of nursing and midwifery research*. 19(1):1–10.
- Ginsburg, S., Regehr, G. & Lingard, L. (2004). Basing the evaluation of professionalism on observable behaviours: a cautionary tale. *Academic Medicine*. 79(10 Suppl.):S1-4.
- Gokenbach, V. (2012). *Professionalism in Nursing: What does it really mean?* [Available at: [www.nursetogether.com/ what-is-professionalism-in-nursing?](http://www.nursetogether.com/what-is-professionalism-in-nursing/) [Retrieved 26/08/13].
- Greenwood, E. (1957). Attributes of a Profession. *Social Work*. 2(3):p44-55.
- Hallstead, JK. (2013). Professional Nursing Organizations with Clinical, Political, and Regulatory Focus © Jones & Bartlett Learning, LLC, an Ascend Learning Company.  
[http://samples.jbpub.com/9781284104899/9781284104981\\_CH05\\_Pass03.pdf](http://samples.jbpub.com/9781284104899/9781284104981_CH05_Pass03.pdf)
- Hammer DP. (2003) Civility and professionalism. In Berger BA, ed. Promoting Civility in Pharmacy Education. New York: Pharmaceutical Products Press.
- Health and Care Professions Council. (2012). Report on Professionalism in health care professionals; Durham University. Available at: <http://www.hpc-uk.org/assets/documents/10003771Professionalisminhealthcareprofessionals.pdf>.
- Health Professions Council (HPC). (2010). *Fitness to practise: annual report 2010*. [Available at: [www.hpc-uk.org/publications/reports/index.asp?id=403](http://www.hpc-uk.org/publications/reports/index.asp?id=403) [accessed 20/3/2016]
- Howkins, EJ., & Ewens, A. (1999). How students experience professional socialisation. *International Journal of Nursing Studies*, 36(1), p41–49.
- Iacobucci, T.A., Daly, B.J., Lindell, D. & Griffin, M.Q. (2013). Professional values, self-esteem, and ethical confidence of baccalaureate nursing students. *Nurse Ethics*. 20(4):479-90.
- Karaöz S. (2004). Change in nursing students' perceptions of nursing during their education: the role of the introduction for nursing course in this change. *Nurse Education Today*, 24, p128–135.
- Leduc, K; and Kotzer, AM. (2009). Bridging the gap: A comparison of the professional nursing values of students, new graduates, and seasoned professionals. [Nurs Educ Perspect](#). 30(5):p279-84.
- Loghmani, L; Borhani, F; & Abbaszadeh, A. (2014). *Factors affecting the nurse-patient family communication in intensive care unit of Kerman: a qualitative study*. *Journal of caring sciences*. 3(1): p 67–82.

- Madani,M, Larijani B, Madani E & Ghasemzadeh, N, (2017). Establishment of medical education upon internalization of virtue ethics: bridging the gap between theory and practice. *J Med Ethics Hist Med*. 2017; 10 (3).
- Manninen, E. (1998), *Changes in nursing students' perceptions of nursing as they progress through their education. Journal of Advanced Nursing*, 27: p390–398. [ doi:10.1046/j.1365-2648.1998.00521.x]
- McMillan, W. (2010). Moving beyond description: Research that helps improve teaching and learning; *AJHPE*, Vol. 2, No. 1
- Matthews, J. (2012). Role of professional organizations in advocating for the nursing profession. *Online Journal of Issues in Nursing* 17 (1), manuscript 3. [doi: 10.3912/ *OJIN.Vol17No01Man03*].
- Ministry of Health and Social Services (MoHSS). (2005). International Health Regulations. WHO. Library Cataloguing-in-Publication Data.
- Ministry of Health and Social Services. (2009) Patient charter 'Your Health Our Concern'. Windhoek. Namibia
- Moloney M.M., Mauksch I.G. (1986). Professionalization of nursing current issues and trends. J.B. Lippincott Company, New York, 7-49. Moloney M.M., Mauksch I.G. (1986). Professionalization of nursing current issues and trends. J.B. Lippincott Company, New York, 7-49.
- Moon, S., Kim, DH., Kim, EJ., Kim, YJ., & Lee, S. (2014). Evaluation of the validity and reliability of the Korean version of the nursing professional values scale- revised. *Nurse Education Today*, 34, 325-330. [ doi: <http://dx.doi.org/10.1016/j.nedt.2013.06.014>]
- Neutens, JJ. (2008).The hidden curriculum: What are you teaching? #8 in a series © The association of professors of Gynaecology and Obstetrics, 1/2008 University of Tennessee, Knoxville
- Oxford Advanced Learner's Dictionary of Current English. (2006). Professionalism." International student's edition. 7<sup>th</sup> ed. Oxford University Press.
- Quinn FM., & Hughes, JS. (2007). Principles and Practice of Nurse Education, 5<sup>th</sup> ed. Nelson thomes.
- Republic of Namibia. (2004) The Nursing Act, 2004. Government gazette. Windhoek. Namibia

Registered Nurses' Association of Ontario (RNAO) Healthy Work Environments Best Practice Guidelines Project 158 Toronto, [ Website: <http://www.rnao.org>].

Rhodes, ML., Schutt, M., Langham, GW., Bilotta, DE. (2012). Nursing professionalism, the journey to nursing professionalism: learner-centered approach. *Nursing Education Perspective*, 3. (1)

Sand-Jecklin, K.E., & Schaffer, A.J. (2006). Nursing students' perceptions of their chosen profession. *Nursing Education Perspectives*. 27(3): p130-135.

Silen, M., Tang, PF., Ahlstrom, G. (2008) Swedish and Chinese nurses' conceptions of ethical problems: a comparative study. *J Clin Nurse*. 2008;18(10):1470–9. doi: 10.1111/j.1365-2702.2008.02422.x

Shaw, K; & Timmons, S; (2010) *Exploring how nursing uniforms influence self image and professional identity*. [Nurs Times](#). ;p106(10):21-3.

Sherman, RC. (2013). 5 Ways to Promote Professionalism in Nursing Staff. © emergingnleader.com

Scottish Health Professional Council. (2012). Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHS Scotland; [<http://www.hpc-uk.org/assets/documents/1000388Benc08-professionalism.pdf>]

Searle, C., Human, S., & Mogotlane, SM. (2010). Professional Practice: A southern African Nursing Perspective, 5<sup>th</sup> Ed, Heinemann.

Simons, DJ. (2013). Unskilled and optimistic: Overconfident predictions despite calibrated knowledge of relative skill. *Psychonomic. Bulletin & Review*.

Suikkala A., Leino-Kilpi, H. (2005). Nursing student–patient relationship: Experiences of students and patients. *Nurse Education Today*, 25, p344–354.

Swanwick, T. (2010). Understanding medical education: Evidence, theory, and practice. 1st ed. London: Wiley.

Tsang, A. (2011). Students as evolving professionals: Turning the hidden curriculum around through the threshold concept pedagogy. *TD*. 4(3):p1-11.

Weis, DM., & Schank, MJ. (2000). An Instrument to Measure Professional Nursing Values.

World Health Organisation (WHO). (2009) Global Standards for the Initial Education of Professional Nurses and Midwives. [<http://www.who.int/hrh/resources/standards/en/index.html>]

Wynd, CA. (2003). Current factors contributing to professionalism in nursing. J. Prof Nurs. 19(5): p251-61

Zerwekh, J., & Gerneua, AZ. (2012). Nursing today: Transition and trends. St. Louis, MO: Elsevier Saunders

## Appendices

### A: QUESTIONNAIRE

#### Questionnaires Schedule

**1. Overall, I think professionalism means ...**(please circle a number)

1 2 3 4 5 6 7 8 9

Unsatisfactory Satisfactory Superior

**Where unsatisfactory includes:** Lacks respect, compassion, integrity, honesty; disregards need for self-assessment; fails to acknowledge errors; does not consider needs of patients, families, or colleagues; does not display responsible behaviour

**Superior includes:** Always demonstrates respect, compassion, integrity, honesty; teaches/role models responsible behaviour; total commitment to self-assessment; willingly acknowledges errors; consistently considers needs of patients, families, or colleagues

**2. Mark the line to indicate where you think your professionalism lies compared to other professions you know:**

Much lower	About the same	Much higher
------------	----------------	-------------

**2a. I behave professionally at all times** (please tick)

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
-------------------	----------	-------------------------------	-------	----------------

**How much do you agree with the following statements?**



**3. The school I am enrolled in allows me to be professional**

- |                          |                          |                               |                          |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Strongly disagree     | 2. Disagree              | 3. Neither agree nor disagree | 4. Agree                 | 5. Strongly agree        | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**4. The school I where I am enrolled at looks after my welfare**

- |                          |                          |                               |                          |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Strongly disagree     | 2. Disagree              | 3. Neither agree nor disagree | 4. Agree                 | 5. Strongly agree        | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5. The school I am enrolled in considers me a professional**

- |                          |                          |                               |                          |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Strongly disagree     | 2. Disagree              | 3. Neither agree nor disagree | 4. Agree                 | 5. Strongly agree        | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. The patients are more important than targets**

- |                          |                          |                               |                          |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Strongly disagree     | 2. Disagree              | 3. Neither agree nor disagree | 4. Agree                 | 5. Strongly agree        | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. I think being a student nurse is a career not a job**

- |                          |                          |                               |                          |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Strongly disagree     | 2. Disagree              | 3. Neither agree nor disagree | 4. Agree                 | 5. Strongly agree        | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. I think nurses should have regular continuous training to retain their skills</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Nurses have special qualities which let them stand out amongst other professions</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. The nursing profession is vital to society</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Becoming a professional nurse requires a high degree of expertise and knowledge</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. It is important that the nursing profession be regulated by a professional body</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>13. Nurses are valued by the general public as care givers</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Nurses are as valued by the general public as doctors are</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. I feel I represent nursing when I am wearing a uniform in public</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. I try to always act in a manner that brings credit to the profession</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Members of the public expect nurses to be professional</b>					
1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. It is not always possible to follow codes of conduct</b>					

1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. It is not always possible to follow procedures exactly**

1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20. I have occasionally realised after the event that I did not follow the rules regarding informed consent**

1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21. It is a waste of time reporting a near miss if no one was aware of it and there were no adverse consequences**

1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. Sometimes there are good reasons to delay making myself available for the next job**

1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	6. N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23. It is a waste of time to report a minor abnormality, if there was no damage and no one else was involved**

- |                          |                          |                               |                          |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Strongly disagree     | 2. Disagree              | 3. Neither agree nor disagree | 4. Agree                 | 5. Strongly agree        | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If I witnessed a nurse delivering substandard care...**

**24. I would intervene directly**

- |                          |                          |                               |                          |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Strongly disagree     | 2. Disagree              | 3. Neither agree nor disagree | 4. Agree                 | 5. Strongly agree        | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**25. I would report them**

- |                          |                          |                               |                          |                          |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Strongly disagree     | 2. Disagree              | 3. Neither agree nor disagree | 4. Agree                 | 5. Strongly agree        | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ ☐ ☐ ☐ ☐ ☐

**Please indicate how often you do the following:**

**26. Feel some patients waste the caring service's time**

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Never                 | 2. Rarely                | 3. Often                 | 4. Sometimes             | 5. Usually               | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**27. Think patients may be responsible for their problems (through alcohol, drug misuse, obesity)**

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Never                 | 2. Rarely                | 3. Often                 | 4. Sometimes             | 5. Usually               | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**28. Treat all patients with respect and sensitivity**

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Never                 | 2. Rarely                | 3. Often                 | 4. Sometimes             | 5. Usually               | 6. N/A                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**29. Allow my liking or dislike for patients to affect the way I approach them**

<p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>30. Make sure patients understand what is happening</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>31. Listen carefully to patients' concerns</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>32. Enjoy talking to patients</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>33. Try to take time to reassure patients/their families</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>34. Disclose personal information about myself to patients</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>35. Take the Mock'/banter with colleagues while they are there</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>36. Take the Mick' out of colleagues when they are not there</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>37. Use humor about patients as a way of letting off steam after a job</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>38. Swear around colleagues</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>39. Work well with other healthcare professions, in general</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>40. Talk or don't pay attention during lectures or training courses</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>41. Arrive late for training/classes</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>42. Arrive late for work</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>43. Check equipment at the start of a shift</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>44. Complete the appropriate paperwork as soon as I am able to, after each job</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please indicate how often you do the following:</b>					
<b>45. Take responsibility for my own work</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>46. Approach work in an organised way</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>47. Think doing a job 'well enough' is acceptable</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>48. Feel able to justify my actions/clinical decisions</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>49. Act decisively in critical situations</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>50. Read books and articles on nursing practice</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>51. Keep my CPD portfolio up to date</b>					

<p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>52. Regularly refresh my skills</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>53. Feel enthusiastic about going to work</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Please indicate how often you do the following</b></p>
<p><b>54. Get bored in training about non-clinical elements of practice</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>55. Seek help when I need it</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>56. Take the initiative to improve or correct my behaviour</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>57. Accept constructive criticism in a positive manner</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>58. Make sure I look clean, tidy and well-groomed at work</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>59. Adjust how I speak to different patients (e.g. how formal to be, vocabulary to use)</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>60. Adjust how I speak to different colleagues</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>61. Tailor information to a patient's or relative's needs</b></p> <p>1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A</p>



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>62. Post comments about work on the internet (e.g. Facebook, other social media)</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>63. Discuss a bad job with family or friends outside work as a way of coping</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How much do you agree with the following statements?</b>					
<b>64. Being a nurse is important to me</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>65. Being a nurse makes me feel good about myself</b>					
1. Never 2. Rarely 3. Often 4. Sometimes 5. Usually 6. N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The following questions will allow us to compare the responses of different groups.**

<b>66. What year of the course are you on?</b>  1st Year <input type="checkbox"/> 2. 2nd Year <input type="checkbox"/> 3. 3rd Year <input type="checkbox"/> 4. 4th Year <input type="checkbox"/>
<b>67. . . Are you...?</b>  Male <input type="checkbox"/> 2. Female <input type="checkbox"/> 3. Do not wish to disclose <input type="checkbox"/>
<b>68. What is your age?</b>  18-24 <input type="checkbox"/> 2. 25-34 <input type="checkbox"/> 3. 35-44 <input type="checkbox"/> 4. Do not wish to disclose <input type="checkbox"/>

**Thank you for participating in the questionnaire**

## B: FACTORS OF PERSONALITY MEASURED IN THE STUDY

Factors of personality	Items
Feeling valued by the public	<p>Q13. Nurses are as valued by the general public as care givers.</p> <p>Q14. Nurses are as valued by general public as doctors.</p>
Appropriate behaviours	<p>Q18. It is not always possible to follow codes of conduct to the letter.</p> <p>Q19. It is not always possible to follow procedures exactly</p> <p>Q35. 'Take the mick'/banter with colleagues while they are there.</p> <p>Q36. 'Take the mick' out of colleagues when they are not there.</p> <p>Q37. Use humour about patients as a way of letting off steam after a job.</p> <p>Q38. Swear around colleagues.</p>
Organisational and professional care	<p>Q3. The organisation I work for allows me to be professional.</p> <p>Q4. The organisation I work for looks after my welfare.</p> <p>Q5. The organisation I work for is professional</p> <p>Q6. Patients are more important than targets to my organization</p> <p>Q26. I Feel some patients waste the caring service's time.</p>

	Q27. I think patients may be responsible for their problems (through alcohol, drug misuse, obesity).
Positive / proactive professional behaviours	<p>Q30. Make sure patients understand what is happening.</p> <p>Q33. Try to take time to reassure patients/their families.</p> <p>Q46. Approach work in an organised way.</p> <p>Q56. Take the initiative to improve or correct my behaviour.</p> <p>Q57. Accept constructive criticism in a positive manner.</p> <p>Q58. Make sure my uniform is well presented (ironed, shoes polished)</p> <p>Q59. Make sure I look clean, tidy and well-groomed at work.</p> <p>Q60. Adjust how I speak to different colleagues.</p> <p>Q61. Tailor information to a patient's or relative's needs.</p>

Professional identity and pride	<p>Q7. I think of being a nurse as ‘a career’, not just a job.</p> <p>Q15. I feel I represent the nurse when I am wearing the uniform in public.</p> <p>Q16. I try to always act in a manner that brings credit to the profession.</p> <p>Q64. Being a nurse is important to me.</p> <p>Q65. Being a nurse makes me feel good about myself.</p>
Learning orientation	<p>Q12. It is important that the nursing profession be regulated by a professional body.</p> <p>Q50. I read books and articles on nursing practice.</p> <p>Q51. I keep my CPD portfolio up to date.</p>

**Table: Items measuring the aspects of personality according to inter-items correlation analysis**

Aspects of personality	Items
<i>Feeling valued by the public</i>	<p>Nurses are as valued by general public as care givers</p> <p>Nurses are as valued by general public as doctors</p>
<i>Appropriate behaviours</i>	<p>It is not always possible to follow codes of conduct to the letter</p>

	<p>It is not always possible to follow procedures exactly</p> <p>Take the mick' out of colleagues when they are not there</p> <p>Use humour about patients as a way of letting off steam after a job</p> <p>Swear around colleagues</p> <p>Work well with other healthcare professions, in general</p>
<b><i>Organisational and professional care</i></b>	<p>The school I am enrolled in allows me to be professional</p> <p>The school I am where I am enrolled looks after my welfare</p> <p>The school I am enrolled in consider me a professional</p> <p>The patients are more important than targets</p> <p>Feel some patients waste the caring service's time</p> <p>Think patients may be responsible for their problems (through alcohol, drug misuse, obesity)</p>
<b><i>Professional identity and pride</i></b>	<p>I try to always act in a manner that brings credit to the profession</p> <p>Being a nurse is important to me</p> <p>Being a nurse makes me feel good about myself</p>

## C: CONSENT FORM

### Consent form for participants

I Pauline Mutabani from Windhoek Health Training Centre would like to ask questions from you. I have been authorized and permitted by the Permanent Secretary for the Ministry of Health and Social Services to conduct interviews at this training centre.

The purpose of the interview is to collect data to assist with the improvement of quality service and care rendered to the patients/ clients.

This will be a confidential conversation. No name will be published in the media or anywhere in the data which will be collected. The names which will appear in the data will pseudonyms.

You may feel free to give your opinions without hesitations and fear, in order to support the work of this study. You may as well discontinue the interview at any time you feel like doing so, because this is voluntary conversation.

If you wish to continue with the interview, please sign the consent below.

I .....hereby give my consent to participate in the interview. I am aware that this interview is confidential and my name will not be published in the media or anywhere in the data. I fully understand the details and purpose of the research as explained to me by the researcher.

.....

Interviewee Signature Interviewer's signature

Date ..... Date: .....

## **D: ETHICS COMMITTEE APPROVAL FOR CONDUCTING RESEARCH**

### **Approval Notice**

#### **Response to Modifications- (New Application)**

09-Feb-2015

Mutabani, Pauline PL

**Ethics Reference #: S14/07/158**

#### **Title:**

**Exploring enrolled nursing/midwifery students' pattern of opinion of professionalism in their day to day clinical**

**placement.**

Dear Ms Pauline Mutabani,

The **Response to Modifications - (New Application)** received on **27-Nov-2014**, was reviewed by members of **Health Research Ethics Committee 2** via Expedited review procedures on **03-Feb-2015** and was approved. Please note the following information about your approved research protocol: Protocol Approval Period: **09-Feb-2015 -09-Feb-2016**.

Please remember to use your **protocol number (S14/07/158)** on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

#### **After Ethical Review:**

Please note a template of the progress report is obtainable on [www.sun.ac.za/rds](http://www.sun.ac.za/rds) and should be submitted to the Committee before the year has expired.

The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted. Federal Wide Assurance Number: 00001372. Institutional Review Board (IRB) Number:

IRB0005239. The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States

Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of

Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes. 2004 (Department of Health).

### **Provincial and City of Cape Town Approval**

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape

Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel:+27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and documents please visit: [www.sun.ac.za/rds](http://www.sun.ac.za/rds)

If you have any questions or need further assistance, please contact the HREC office at 219389207.

### **Included Documents:**

HREC general checklist

Investigator declaration (Chikte)

Consent form

MOD\_Protocol

Investigator declaration (Mutabani)

MOD\_Protocol Synopsis

Investigator CV (Chikte)

Investigator CV (Mutabani)



Protocol

Protocol Synopsis

MOD\_Cover letter

MOD\_Participant information leaflet & consent form

HREC New application form

Sincerely,

Mertrude Davids

HREC Coordinator

Health Research Ethics Committee 2

**E: DECLARATION FOR RESEARCH**

**TITLE OF THE RESEARCH PROJECT:** Exploring enrolled nursing and midwifery students' patterns of opinions of professionalism in their day-to-day clinical placements

**REFERENCE NUMBER:** 15182037

**PRINCIPAL INVESTIGATOR:** P.L. Mutabani

**ADDRESS:** Faculty of Health Sciences

**P.O. Box 19063**

**Stellenbosch University**

**CONTACT NUMBER:** +264 817674070

Dear students

My name is Pauline Mutabani and I am nurse educator at Windhoek Health Training Centre. I would like to invite you to participate in a research project that aims to explore enrolled student nurses and enrolled midwives patterns of opinions of professionalism as experienced in day-to-day clinical placements.

Please take some time to read the information presented as it provides the details of this project. Please contact me if you require further explanation or clarification of any aspect of the study.

Please note that your participation is entirely voluntary and you are free to decline to do so. A decision not to participate will not affect you negatively in any way. Participating students are also free to withdraw from the study at any point.

This study has been approved by the Health Research Ethics Committee (HREC) at Stellenbosch University and will be conducted according to accepted and applicable National and International ethical guidelines and principles, including those of the international Declaration of Helsinki October 2008.

This will be a confidential conversation. No name will be published in the media or anywhere in the data collected. The names which do appear in the data will be under a pseudonym.

You are free to give your opinions without hesitation and fear as this will support the work of this study. Interviews are regarded as voluntary conversations and you may therefore at any stage discontinue your participation in any interview.

If you are willing to participate in this study please sign the attached Declaration of Consent and hand it to the investigator.

Yours sincerely

Pauline Mutabani

Principal Investigator